

Title:	Recruitment and Selection of Staff Under Requirements of SVGO - Vetting and Barring Scheme		
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1.0 INTRODUCTION / PURPOSE OF POLICY

1.1 Purpose

This Protocol outlines the key responsibilities for the Recruitment and Employment of Staff under the Requirements of the Safeguarding Vulnerable Groups (NI) Order (SVGO) 2007 and the Vetting and Barring Scheme, as amended by the Protection of Freedoms Act 2012

1.2 Objectives

To provide guidance on the SVG Vetting and Barring Scheme as amended by the Protection of Freedoms Act 2012. This Policy will be subject to further reviews as a result of the Government Review of the Vetting and Barring Schemes.

2.0 SCOPE OF THE POLICY

The Protocol covers the responsibilities of the Trust, Line Managers and Human Resources Staff and applies to existing staff, potential employees, volunteers and disability placements on work experience.

3.0 ROLES/RESPONSIBILITIES

The specific responsibilities of the Trust, its managers and Human Resources staff are outlined.

4.0 KEY POLICY PRINCIPLES

The Protocol was developed as a result of the SVG (NI) Order 2007 which established the Vetting and Barring Scheme and replaces the former Protection of Children and Vulnerable Adults (NI) Order 2003.(POCVA)

Key Policy Statement(s)

1. The protocol outlines the legislative context and responsibilities under the SVG Vetting and Barring Scheme, as amended by the Protection of Freedoms Act 2012.
2. It sets out the main provisions of the VBS as it relates to conducting checks for new and current employees and the referral arrangements for existing employees.
3. It provides advice and clarification on the key elements of the VBS and a number of services for further information and documentation.

5.0 IMPLEMENTATION OF POLICY

5.1 Dissemination

This Policy should be disseminated throughout the Trust as it applies to existing staff, potential employees, volunteers and disability placements on work experience.

5.2 Resources

Further changes will be phased in as a result of the Protection of Freedoms Act 2012 which will require HR staff to further review the Protocol.

6.0 MONITORING

The Protocol will be kept under review to ensure compliance with any future legislative requirements. The Protocol will be formally reviewed on an annual basis in accordance with Section 7 Governance Arrangements as set out in this Protocol. This monitoring should include any Section 75 implications of implementing the policy.

7.0 EVIDENCE BASE / REFERENCES

The Protocol adheres to legislative requirements of the SVG Vetting and Barring Scheme. References: DHSSPS Generic Guidance, Sector Specific Guidance, DBS Referral Guidance and Access NI Guidance.

8.0 CONSULTATION PROCESS

The Protocol was fully consulted on with the Trusts SVG Stakeholders' Groups at which Service Groups, Trade Unions and Human Resources are represented. All review have been discussed at the Trust's Workforce Governance Steering Group and with the Trade Unions.

9.0 EQUALITY STATEMENT

In line with duties under the equality legislation (Section 75 of the Northern Ireland Act 1998), Targeting Social Need Initiative, Disability discrimination and the Human Rights Act 1998, an initial screening exercise to ascertain if this policy should be subject to a full impact assessment has been carried out. The outcome of the Equality screening for this policy is:

Major impact ☐

Minor impact ☐

No impact. ☒

SIGNATORIES

(Policy – Guidance should be signed off by the author of the policy and the identified responsible director).



12 August 2015

Date: _____

Name **Damian McAlister**
Title **Director of Human Resources/
Organisational Development**



12 August 2015

Date: _____

Name **Dr Michael McBride**
Title **Chief Executive**



Belfast Health and Social Care Trust

Protocol for:

Recruitment and Employment of Staff under the requirements of the Safeguarding
Vulnerable Groups (NI) Order (SVGO) 2007 and THE Vetting and Barring Scheme,
AS AMENDED BY THE PROTECTION OF FREEDOMS ACT 2012

APRIL 2015

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Protocol for the Recruitment and Employment of Staff under the requirements of the Safeguarding Vulnerable Groups (NI) Order (SVGO) 2007 Vetting and Barring Scheme, as amended by the Protection of Freedoms Act 2012

1.0. PURPOSE AND SCOPE OF PROTOCOL

This Protocol outlines the key responsibilities of the Belfast Health and Social Care Trust (the Trust) in relation to the implementation arrangements for the SVGO Vetting and Barring Scheme as it relates to the employment of staff, the recruitment of prospective staff and the placement of students, volunteers, trainees and other non-employees. The Trust has been entrusted with the care of children and vulnerable adults and must be confident that all the necessary safeguards and controls are in place to ensure that children and vulnerable adults are protected. The Trust has a range of responsibilities emanating from its statutory remit in respect of Fostering, Adoption and Early Years' Services. The practice across the Trust in these service sectors is informed by various Regulations, Policies and Procedures which can be accessed via the Social Work Social Care Governance service area.

This Protocol has been developed as part of the Trust's Safer Recruitment and Employment Framework in relation to the specific requirements for the Belfast Trust and **must** be read in conjunction with the more detailed Generic and Sector Specific Guidance on the Vetting and Barring Scheme which can be accessed at www.dhsspsni.gov.uk and the Referral Guidance which can be accessed at <http://www.homeoffice.gov.uk/publications/agencies-public-bodies/dbs/dbs-referrals-guidance/>. The Protocol summarises the key details of the legislation and the Vetting and Barring Scheme and outlines the procedural arrangements which have been put in place to implement these. The Protocol has also been reviewed to take account of the Protection of Freedoms Act 2012 which sets out a range of changes to the disclosure and barring services.

2.0 LEGISLATIVE CONTEXT

The Bichard Inquiry into the murders in Soham resulted in a recommendation for a new scheme that would ensure that everyone working in regulated activity with children and vulnerable adults is checked and registered. After full consultation the Bichard Inquiry led to the Safeguarding Vulnerable Groups Act (SVGA) 2006 and the Safeguarding Vulnerable Groups (Northern Ireland) (SVGO) 2007 which provide for the establishment of the Vetting and Barring Scheme. This Legislation and Scheme replaced the former Protection of Children and Vulnerable Adults (NI) Order 2003 (POCVA).

The Vetting and Barring Scheme became effective on 12 October 2009. It recognised the need for a single process to assess all individuals who wish to do certain work or volunteer with children and vulnerable adults. The Independent Safeguarding Authority (ISA) was established as part of this process across England, Wales and Northern Ireland with four statutory duties – to maintain a list of individuals barred from engaging in regulated activity with children; to maintain a list of individuals barred from engaging in regulated activity with vulnerable adults; to make well informed and considered decisions about whether an

individual should be included in one or both barred lists; and to reach decisions as to whether to remove an individual from a barred list. The ISA and the Criminal Records Bureau (CRB) merged on 1st December 2012 to form the Disclosure and Barring Service. As a result it will be the Disclosure and Barring Service (DBS) who will maintain the barred lists and receive referrals from employers.

In addition, while the Vetting and Barring Scheme was to provide significant safeguards, it was part of a wider framework of safe recruitment practices. In particular Access Northern Ireland (ANI), which became effective in April 2008 and operated under the provisions of Part V of the Police Act 1997, was established by a joint programme between the NI Office, the DHSSPS, the Department of Education and the PSNI. It enabled organisations to make more informed recruitment decisions by providing criminal history information about anyone seeking paid or unpaid work in areas working with children and vulnerable adults. ANI offers two levels of disclosure Standard and Enhanced – each of which represents a different level of check.

A Standard Disclosure Certificate shows details of spent and unspent convictions and cautions – not cases pending.

An Enhanced Disclosure Certificate contains all the information in a Standard Disclosure and any further relevant information held in Police records e.g. information about attempted prosecutions that were unsuccessful or behaviour that might be indicative of criminal activity.

Standard Disclosure Certificates are no longer available for people working with children or vulnerable adults and an Enhanced Disclosure Certificate will be obtained in these circumstances.

Detailed information about ANI is available by accessing its website: www.accessni.gov.uk

In applying this Policy reference must be made to the Access NI Code of Practice, The Explanatory Guide and the Guide to Access NI.

Following concerns about the proportionality and bureaucracy of the Vetting and Barring Scheme (VBS), the Coalition Government committed to review the VBS and the criminal records regime. The NI Assembly agreed that the changes to disclosure and barring should be extended to Northern Ireland in order to maintain consistent safeguarding arrangements with England and Wales.

The Safeguarding Vulnerable Groups (Northern Ireland) Order (SVGO) 2007 sets out the framework for the VBS, so in order to implement the recommendations in the reviews; the SVGO was amended via the Protection of Freedoms Act 2012 which enabled changing the law as follows:

- Scaling back of Regulated Activity
- Repeal of Controlled Activity
- Repeal of Registration and Continuous Monitoring

3.0 MAIN PROVISIONS OF THE VETTING AND BARRING SCHEME AS AMENDED BY THE PROTECTION OF FREEDOM ACT 2012

The Protection of Freedoms Act 2012 has introduced a new definition of Regulated Activity and abolished the Controlled Activity category with effect from 10th September 2012.

3.1. Scaling Back of Regulated Activity

The full legal definition of Regulated Activity is set out in Schedule 2 of the Safeguarding Vulnerable Groups (Northern Ireland) Order (SVGO) as amended in particular by the Protection of Freedoms Act 2012. Please refer also to the Information Leaflet – attached Appendix 1 and to Appendix 4 Overview of Disclosure and Barring Scheme Requirements

The new definition of Regulated Activity is essentially a scaling back of what was considered to be regulated activity to focus on work which involves close and unsupervised contact with vulnerable groups, including children.

The amended definition of Regulated Activity relating to **Children** comprises only:

3.1.1. Unsupervised activities: teaching, training, instructing, caring for or supervising children, or providing advice/ guidance on well-being, or driving a vehicle only for children;

3.1.2. Work for a limited range of establishments ('specified places'), with opportunity for contact: e.g. schools, children's homes, childcare premises, a children's hospital **but** not work by supervised volunteers in those places;

Work under (3.1.1.) or (3.1.2.) above is regulated activity only if done regularly, or if done overnight¹.

Statutory guidance about supervision has been provided by the DHSS&PS to accompany the new definition of regulated activity and is as set out in Appendix 5 to this document.

3.1.3. Relevant personal care, e.g. washing or dressing; or health care by, or supervised by, a professional;

3.1.4. Registered child-minding; and foster care.

The DHSS&PS has provided guidance about supervision to which organisations must have due regard. The precise nature and level of supervision will vary from case to case. The duty means that organisations **must** ensure that the supervision in place is sufficient, in their judgement, to provide reasonable assurance for the protection of the children concerned.

Supervision must be:

- Regular;
- Day to day;
- Reasonable in all circumstances for the purpose of protecting the children concerned;

¹ Overnight work with children does not have to be done regularly to meet the definition of Regulated Activity

- Carried out by someone who is engaging in regulated activity relating to children.

Regulated activity still excludes family arrangements, and personal non-commercial arrangements.

3.2 New Definition relating to adults.

The new definition of Regulated Activity relating to adults no longer labels adults as “Vulnerable”, instead it identifies activities that, if any adult requires them, lead to that adult being considered vulnerable at that particular time. This means that the focus is on the activities/ services required by the adult and not on the setting in which the activity/service is received, or the personal characteristics or circumstances of the adult receiving the activities. There is no longer a requirement for a person to do the activities a certain number of times before they are engaging in Regulated Activity.

There are six categories of people who will fall within the new definition of regulated activity (and so will anyone who provides day to day management or supervision of those people). A broad outline of these categories is set out below.

3.3 Providing Healthcare

Any healthcare professional providing healthcare to an adult, or anyone who provides health care to an adult under the direction or supervision of a health care professional - Under the Protection of Freedoms Act 2012, the definition of Health Care is as follows:

- Health Care includes all forms of health care provided for individuals, whether relating to physical or mental health and also includes palliative care and procedures that are similar to forms of medical or surgical care but are not provided in connection with a medical condition;
- A Health Care Professional is a person who is a member of a profession regulated by a body mentioned in section 25 (3) of the National Health Service Reform and Health Care Professions Act 2002.
- Any reference in this Part of this Schedule to health care provided by, or under the direction or supervision of, a health care professional includes a reference to first aid provided to an adult by any person acting on behalf of an organisation established for the purpose of providing First Aid.

3.4 Providing Personal Care

Anyone who:

- Provides physical assistance with eating or drinking, going to the toilet, washing or bathing, dressing, oral care or care of the skin, hair or nails because of an adult's age, illness or disability;

- Prompts and then supervises an adult who, because of their age, illness or disability cannot make the decision to eat or drink, go to the toilet, wash or bathe, get dressed or care for their mouth, skin, hair or nails without that prompting or supervision; or
- Trains, instructs or offers advice or guidance which relates to eating or drinking, going to the toilet, washing or bathing, dressing, oral care or care of the skin, hair or nails to adults who need it because of their age, illness or disability.

3.5 Providing Social Work

The provision by a social care worker of social work which is required in connection with any health care or social services to an adult who is a client or potential client.

3.6 Assistance with General Household Matters

The provision of assistance to an adult because of their age, illness or disability, if that includes managing the person's cash, paying their bills or shopping on their behalf.

3.7 Assistance in the Conduct of a Person's Own Affairs

Anyone who provides various forms of assistance in the conduct of an adult's own affairs, for example by virtue of an enduring power of attorney.

3.8 Conveying

Anyone who transports an adult because of their age, illness, or disability either to or from their place of residence and a place where they have received, or will be receiving, health care, personal care or social care: or between places where they have received or will be receiving health care, personal care or social care. This will include Patient Transport Service drivers and assistants, hospital porters and Emergency Care Assistants and Ambulance Technicians.

From 10th September 2012, if you consider that a role is within the new definition of Regulated Activity, an Enhanced Access NI check must be carried out and a request made for the appropriate DBS Barred List check (For Children, Adults or both). Enhanced Access NI checks for work within regulated activity will tell you (where requested) if the person is on one of the DBS's Barred Lists.

3.9 Why does Regulated Activity Matter?

From 12th October 2009, two new Barred Lists were created, the Children's' Barred List and the Adults' Barred List. These lists contain details of those individuals the DBS has decided it is appropriate to bar from working with children or vulnerable adults and those

who are therefore prevented from working or volunteering with them. The DBS maintains these lists.

An organisation which knowingly allows a barred person to work in regulated activity will be breaking the law.

If you dismiss or remove someone from regulated activity, or you would have done had they not already left, because they appeared to pose a risk to vulnerable groups including children, you are legally required to pass information about that individual to the DBS. It is a criminal offence not to do so. If you believe that an offence has been committed, you should pass the information to the police. Further information on the duty to refer to the DBS can be found on their website: <http://www.homeoffice.gov.uk/agencies-public-bodies/dbs/> Please contact the Employment Law Team, Human Resources, who will be able to advise.

3.10 Repeal of Controlled Activity

The Controlled Activity Category ceased 10th September 2012. This category covered people who might have had less contact with vulnerable groups, including children, than people within Regulated Activity, for example, some people who deal with health records.

4.0 RESPONSIBILITIES OF THE BELFAST HEALTH AND SOCIAL CARE TRUST

The Belfast Health and Social Care Trust is a Regulated Activity Provider (RAP) and is responsible for the management or control of regulated activity, paid or unpaid, and makes arrangements for people to work in that activity. The Trust is required to fully implement all the requirements of the SVGO legislation and VBS, as amended by the Protection of Freedoms Act 2012, as set out in the DHSSPS/DBS/ANI Guidance and Legislation.

The Trust is a Registered Body with Access NI and can access the services of ANI to obtain checks on prospective and current employees. As a Registered Body the Trust has a critical role in the management of any information disclosed.

The Trust's Recruitment and Selection Policy ensures compliance with the requirements of VBS, as amended by the Protection of Freedoms Act 2012, as it relates to prospective employees to ensure that checks are carried out to ensure that members of staff are who they say they are, have the skills and qualifications they say they have, are registered with the appropriate regulatory body as necessary, have undergone appropriate pre-employment health screening, that references are checked and that gaps in employment are questioned. The Trust will ensure that following recruitment, staff will be effectively managed, supervised, trained and appraised to ensure that they are carrying out their responsibilities in a diligent and compassionate way. In relation to students, placements and volunteers the Trust will ensure that the requirements of VBS, as amended, are undertaken in line with this Protocol.

The Trust's Disciplinary Policy ensures that the necessary referral requirements set out under the VBS are adhered to.

4.1. Specific Responsibilities

4.1.1. The Trust: -

- Must be a Registered Body with ANI and adhere to its Code of Practice and Explanatory Guide so that checks can be made against: Criminal Record Viewer, The Police National Computer and where appropriate information from Police Forces throughout the UK for any additional non-conviction material, including cases pending, which the Police consider relevant for Disclosure. The Trust has a written Statement of Intent which sets out its responsibilities for the correct handling and safekeeping of Disclosure information – attached as appendix 2.
- Must ensure that the appropriate arrangements are in place to ensure posts are identified as being regulated activity under the new definition and that the appropriate checks are made.
- Must not knowingly employ in a regulated activity or use as a volunteer a barred person.
- Must refer to the DBS any employee or volunteer in regulated activity who has been dismissed or no longer used because the Trust thinks they have harmed or pose a risk of harm to children or vulnerable adults.

4.1.2. Line Managers:-

- Must ensure that they and their staff are familiar with this Protocol and the Guidance referred to and keep abreast of further developments.
- Must identify on the Trust's online advertisement request form – refer to appendix 3 – if a vacant post meets the definition of regulated activity and requires an appointee to be vetted.
- Must identify any staff who transfer on a permanent or temporary basis from a position that does not fall within the definition for regulated activity as appropriate to a post that does meet the definitions and ensure that these staff are vetted appropriately prior to commencement in the new position.
- Must ensure that an Access NI check is conducted for any staff returning from an employment break/unpaid leave.
- Must liaise with Human Resources staff in relation to any students/training positions/other individuals to ensure that vetting is conducted as appropriate.
- Must alert Senior Management and Employment Law Team within Human Resources Directorate to any incident which gives rise to concern or where allegations are made about an individual working with children/vulnerable adults. Advice and guidance on issues which may give rise to the referral of information to DBS will be provided by the Employment Law Team.

4.1.3. Human Resources Staff:-

- Must ensure that they are fully conversant with and adhere to the requirements of this Protocol and associated guidance in the recruitment and placement of staff.
- Must ensure that they are conversant with and adhere to the requirements of this Protocol and associated guidance in relation to the referral of any staff to the DBS.
- Must provide guidance and support to Line Managers in the implementation of this Protocol.

- Must ensure that associated Policies – Disciplinary, Recruitment and Selection, Work Experience, Unpaid Placement, Employment Breaks– are kept under review to ensure compliance with this Procedure.
- Must ensure that there is adherence to the Statement of Intent for the management, handling and storage of completed application forms and disclosure certificates and that the Governance Arrangements set out in Section 6 of this protocol are satisfied
- Must review the Protocol on an annual basis, and at earlier intervals where appropriate, to ensure it is reflective of any legislative or procedural changes

4.2. Requesting Enhanced Disclosure Checks

In line with the Trust's Recruitment and Selection Policy managers are required to complete an Advertisement Request form in order to advertise a vacancy within the Trust and must indicate on the form if a pre-employment check is required under VBS - refer to appendix 3 of this procedure. This requirement also applies to the engagement of any volunteers or work placements within the Trust.

Applications for Enhanced Disclosures are made for applicants selected for appointment or transfer at the Trust's request or in line with mandatory requirements as appropriate. The application form used is a universal form for both DBS registration and EDC checks (see Appendix 5) and the application form must be signed by an approved signatory of the Trust – the Registered Body – and sent to ANI once the Applicant's identity has been verified. It should be noted that the Trust must indicate on the form that the post will involve working with children or vulnerable adults. It is only the nominated lead or counter signatories who can manage this Disclosure process and ensure that the necessary verification of the applicant's identification is carried out by the appropriate persons.

As a Registered Body the Trust must ensure that the Disclosure information is treated sensitively and confidentially and that it is protected from unauthorised access in line with its Statement of Intent and the ANI Code of Practice. All applicants and employees must be informed of this.

The Trust is required to make payment to ANI for the Disclosure Certificate and has an account with ANI to facilitate this. Both the Trust's signatory and the applicant receive copies of the Disclosure Certificate. ANI should process 70% within 14 calendar days; 90% within 28 calendar days; and 98% within 60 calendar days of receipt of an application.

It should be noted that sometimes applicants may seek to reuse their Disclosure Certificate as part of a separate recruitment exercise. The value of a Disclosure is directly linked to its contemporaneity. Enhanced Certificates should not be reused because every application to see spent convictions or approved information should be countersigned by a registered person on the basis of a specific role or position.

4.3. Outcome of Checks

On receipt of a Disclosure Certificate the Trust must ensure that the Statement of Intent and Code of Practice is complied with and only those staff entitled to see Disclosures in the course of their duty should have access. In exceptional circumstances the Police may provide additional information in a sealed envelope – this is only where the Police have

identified a clear risk and such information must not be disclosed or discussed with the applicant. ANI will not be privy to the details of such information.

If it is confirmed that an individual's name is included on the barred lists they are disqualified from working in a regulated position and they will not be able to obtain DBS registration. If the individual is in the employment of the Trust and information is provided which indicates that there has been an issue of non-disclosure of previous offences by the employee then the appropriate action will be taken to investigate the matter under the Trust Disciplinary Procedure.

4.4. Disputes and Disagreements

If an individual believes information disclosed about them is inaccurate they should follow the guidance set out at section 1.13 of the Guide to Access NI.

4.5. Handling and Storage of Information

The Trust has a written Statement of Intent covering the correct handling and safekeeping of all documentation relating to an individual's disclosure information – appendix 2. It adheres to the ANI Code of Practice and guidance and its responsibilities under the Data Protection Act.

4.6. Other Positions

Students, trainees, placements and other non-employees assigned to regulated positions within the Trust require to be checked. The checks may be undertaken by the Trust or alternatively by the sponsoring organisation depending on specific arrangements in place. Special arrangements apply to students in NI undergoing professional training whereby the University/College in NI is responsible for undertaking the check prior to the commencement of training. Examples include the following:

- Medical and Dental – Queens University Belfast
- Nursing and Midwifery – Queens University Belfast and University of Ulster
- Allied Health Professionals to include Dietetics, Physiotherapy, Occupational Therapy, Speech and Language, Podiatry, Radiography – University of Ulster
- Clinical Psychology – Queens University Belfast
- Pharmacy
- Optometry
- Dental Nurses (BMC)
- NNEB (Child care course (BMC))

These arrangements do not apply to Universities or Colleges outside NI or to students who are employees. Responsibility for checks on such students remains with the Trust. All other placements should be arranged through the Placement Activity Policy process prior to the commencement of the placement.

- Employment Agencies - Arrangements are in place under the Trust's Safer Recruitment and Employment Framework to ensure that contracted agencies are compliant with the VBS Scheme as amended by the Protection of Freedoms Act 2012.
- Staff employed by Private Contractors – Arrangements are in place, in partnership with BSO to ensure that the relevant contractors are compliant with the VBS Scheme as amended and meet the associated costs where appropriate.
- Executive and non-executive members of Health and Social Services Trusts. The checks will be undertaken by the DHSSPS.
- In relation to school children on work experience there is no requirement to register but there must be adequate supervision and compliance with the appropriate Placement Activity Policy.
- Applicants from Outside the UK/Overseas – ANI is unable to obtain overseas criminal records. It can only provide details of offences committed in the UK. The Trust can consider examining the website of the Police Force of the country of origin or contact the country's representative in the UK. It can ask those with overseas residence to apply for the equivalent of a disclosure, if available.

In relation to these groups, the Trust must ensure that appropriate checks are being carried out and ensure that the appropriate arrangements under VBS as amended are set out explicitly in any contract and that these are being adhered to. This should be reviewed on a regular basis.

5.0 REFERRALS TO DISCLOSURE AND BARRING SCHEME (DBS)

As a Regulated Activity Provider the Trust has a legal duty to refer information to the DBS in certain circumstances. With effect from 12 October 2009 a duty to share information has been in place under the Vetting and Barring Scheme and from this date employers, social services and professional regulators will have to notify the DBS of relevant information so that individuals who pose a threat to vulnerable groups can be identified and barred from working with these groups. DBS Referral Guidance sets out the key elements of the new referral process, the circumstances under which a referral should be made, the legal responsibilities of employers and the main points of the law in relation to referrals.

The guidance is available at <http://www.homeoffice.gov.uk/agencies-public-bodies/dbs/services/dbs-referrals/> and should be referred to when dealing with any referral issues. Advice and guidance **must** be sought from the HR Employment Law Team when dealing with a referral issue.

In dealing with referrals there are two conditions both of which must be met to trigger a referral to the DBS:

A referral must be made to the DBS when a regulated activity provider, such as an employer or volunteer co-ordinator:

- Withdraws permission for an individual to engage in regulated activity, or would have done so had that individual not resigned, retired, been made redundant or been transferred to a position which is not regulated activity; because

they think that the individual has:

- engaged in relevant conduct;
- satisfied the Harm Test; or
- received a caution or conviction for a relevant offence.

If both conditions have been met the information **must** be referred to the DBS

Definitions of these terms and guidance on the stage at which a referral should be made and the evidence to be provided are set out in detail in the guidance. The DBS Referral Form is appended as appendix 6 for information and Appendix 7 sets out the DBS Guidance on types of harm.

In relation to the referral of individuals who are engaged by the Trust through an employment agency or who are placed with the Trust, for example through a university placement, the Trust must ensure that it informs these organisations, fully cooperates with them and ensures that they make a referral as appropriate in line with the Guidance.

6.0 GOVERNANCE ARRANGEMENTS

This protocol will be kept under review to ensure compliance with any future legislative requirements. It will be reviewed formally on an annual basis and at appropriate periods where legislative changes occur. Checking to ensure compliance is carried out by: -

- Seeking evidence from the relevant HR Co Director that the Recruitment and Selection and Disciplinary Policies have been reviewed in light of any legislative or Departmental guidance developments.
- Seeking evidence from the relevant HR Co Director that the requirements for the vetting of prospective staff are being conducted in line with this Protocol and associated guidance.
- Seeking evidence from the relevant HR Co Director that the process for referring any staff to the DBS has been conducted in line with this Protocol and associated guidance.
- Seeking evidence from the relevant HR Co Director that any Contracts with Employment Agencies are compliant with the SVG legislation and VBS (as amended) and that monitoring arrangements are in place to ensure same.
- Seeking evidence from the relevant Service Co-Director that any contracts with private Contractors are registered with Access NI, compliant with SVG legislation and DBS and that monitoring arrangements are in place to ensure same.

- Seeking evidence from the relevant HR Co Director that all arrangements for Placement Activity are compliant with this protocol and associated guidance and that monitoring arrangements are in place to ensure same.
- The relevant HR Co Director will ensure that the audit arrangements set out in the Safer Recruitment and Employment Framework are implemented and any recommendations are taken forward.

May 2015

Appendices

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CHANGES TO DISCLOSURE AND BARRING

On 10th September 2012 changes are being made to the Vetting and Barring Scheme which **will reduce** the number of Access NI checks being undertaken by the Trust. These changes are designed to make the system more proportionate whilst still ensuring they continue to provide effective protection for those who need it.

These changes came about following a review of the Vetting and Barring Scheme, the outcome of which has informed a number of measures now in the Protection of Freedoms Act 2012, which has subsequently amended the Safeguarding Vulnerable Groups Order 2006, (NI) Order 2007.

THREE KEY CHANGES IN SEPT

(1) Scaling back of Regulated Activity

Currently Regulated Activity (RA) covers over 9 million people across Northern Ireland, England and Wales. From September 2012 it will cover closer to 5 million. It is scaling back Regulated Activity to focus on work which involves close and unsupervised contact with vulnerable groups including children.

Definition of RA relating to children

- a) **Unsupervised activities** - teaching, training, instructing, caring for or supervising children, or providing advice/guidance on well-being, or driving a vehicle for children;
- b) **Work for a limited range of establishments** (specified places) with opportunity for contact. e.g. schools, children's homes, childcare premises, a children's hospital **but** not work by supervised volunteers in those places;

Work under (a) and (b) is Regulated Activity only if done regularly. Regularly means carried out by the same person frequently (once a week or more), or on 4 or more days in a 30 day period. The DHSSPSNI will shortly be providing statutory guidance about supervision to accompany the new definition of Regulated Activity.

- c) **Relevant personal care** - e.g. washing or dressing; or health care by, or supervised by a professional;
- d) **Registered childminding; and foster-care**

Definition of RA relating to adults

The new definition no longer labels any adult as 'vulnerable'. Instead it identifies activities that, if any adult requires them, lead to that adult being considered vulnerable at that particular time. (There is no longer a requirement to carry out activities a certain number of times under the adult definition).

- a) **Providing health care** - Any healthcare professional providing health care to an adult, or anyone who provides healthcare to an adult under the direction or supervision of a healthcare professional;
- b) **Providing personal care** - Assistance with washing, dressing, eating, drinking, toileting, oral care or care of the skin, hair or nails or teaching someone to do one of these tasks;
- c) **Providing social work** - provision by a social care worker of social work which is required in connection with any health services or social services;
- d) **Assistance with general household matters** - assistance with a person's cash, bills or shopping because of their age, illness or disability;
- e) **Assistance in the conduct of a person's own affairs** - i.e. enduring powers of attorney, or deputies appointed under the Mental Health Order;
- f) **Conveying** - Anyone who transports an adult because of their age, illness or disability to, from or between places where they receive healthcare, personal care or social work. This will include Patient Transport Services drivers and assistants, hospital porters and Emergency Care Assistants. This does not include friends, family or taxi drivers.

(2) Repeal of Controlled Activity

The Controlled Activity category will no longer exist from September 2012. This category covered people, who might have had less contact with vulnerable groups including children, than people within Regulated Activity – for example some people who deal with records. At the moment, you can check whether those people working in Controlled Activity are barred; after 10th September 2012, you will not be able to.

(3) Repeal of Registration and Continuous Monitoring

The original plan – in the Vetting and Barring Scheme – was that anyone who wanted to work with vulnerable groups including children would need to register with the Scheme and to be continuously monitored for any new criminal records information. This never came into force and we can now confirm that registration and monitoring will not be introduced.

COMMON QUESTIONS & ANSWERS

1. Can an Access NI check be carried out for a post that previously fell under the definition of Regulated Activity however does not meet the revised criteria?

Posts that previously met the criteria for Regulated Activity, however now do not meet the revised criteria, are not required to undertake an Access NI check.

Employers will however, in these circumstances, have discretion to carry out an Access NI check where they feel this is appropriate. It is important to note that these posts will no longer be eligible for barred list checks.

2. Could you explain the two-tier system of enhanced checks (with and without a barred list check) and how they will work in practice?

Those who fall within the new definition of Regulated Activity will be entitled to an Access NI check and a barred list check. Those people who currently fall within the definition of Regulated Activity however will not meet the revised definition from 10th September 2012, will only be entitled to an Access NI check but will not be eligible for a barred list check. As stated in question one above employers are not required to

carry out an Access NI check on those who no longer fall within the revised definition of Regulated Activity.

3. Are cleaners and housekeepers working in a specified place (i.e. a children's home or children's hospital) still in Regulated Activity?

Yes. All staff working in a specified place who meet the definition of regular (once a week or more, or on 4 or more days in a 30 day period) meet the definition of Regulated Activity.

4. Do cleaners who do not work within a specified place fall within the revised definition of Regulated Activity?

No. Only staff who work in a specified place (schools, children's homes, childcare premises, a children's hospital) meet the revised definition of Regulated Activity.

As stated above, for posts that previously fell under the definition of Regulated Activity but will no longer from 10th September, employers can carry out an Access NI check, however are not required to do so. They will however not be permitted to undertake a barred list check.

5. Supervised volunteers do not fall under the revised definition of Regulated Activity for children. Our volunteers are largely supervised however may occasionally have unsupervised access. Do they fall within the definition of Regulated Activity?

If a volunteer is always supervised then they do not meet the definition of Regulated Activity.

If a volunteer is unsupervised regularly and meet the definition of regularly (once a week or more, or on 4 or more days in a 30 day period) then they meet the definition of Regulated Activity.

If the frequency of them being unsupervised does not meet the definition of 'regularly' then they are not classed as being in a Regulated Activity post. It is important that managers ensure appropriate safeguards are in place to manage any perceived risks.

6. Some of our staff go into adult's homes to cook their food and assist them to eat. Does this meet the definition of 'personal care' under point 2 above, in the adult definition, and therefore meet the definition of Regulated Activity?

Physical assistance with eating or drinking, for example cutting up food and spoon feeding an adult who is unable to do so because of their age, illness or disability, would be in Regulated Activity. Teaching an adult to feed themselves, for example teaching someone to use adapted cutlery following a stroke, would also be in Regulated Activity.

Food preparation that does not include physically assisting an adult, for example preparing and serving a meal is not in Regulated Activity.

7. After September will there be fewer teaching staff (who teach adults) in Regulated Activity?

Yes. From September the only teaching that falls within the definition of Regulated Activity will be restricted to teaching related to personal care as defined above.

8. What are the consequences of submitting ineligible Access NI checks?

Should an employer submit an unnecessary check for a post (i.e. request an Access NI check with barred list check for a post that does not meet the new definition of Regulated Activity) then Access NI may remove a registered body's status. In addition it leaves an employer open to challenge from the applicant.

9. Are there any changes happening after September 2012?

Yes. There will be additional changes in December 2012 and also during 2013/14. We will provide further information on these changes prior to their introduction.

In summary however the December 2012 change will involve the merging of the work of the CRB and ISA into a single new Non-Departmental Public Body. This will be called the Disclosure and Barring Service (DBS). The DBS will carry out the ISA's current functions in Northern Ireland and Access NI will continue to provide a disclosure service for Northern Ireland.

During 2013/14 Access NI will be introducing a new portable disclose service. This new service will allow

individuals to apply for a criminal record certificate only once and then, if they need a similar sort of check again, to reuse their existing certificate with their employer checking online to see if it is still up to date. This will avoid many repeat applications.

WHAT IS NOT CHANGING

- Employers must continue to make appropriate referrals to the ISA/DBS
- Employers must not engage in Regulated Activity someone whom you know has been barred by the ISA
- Individuals who fall under the new definition of Regulated Activity will continue to be eligible for an enhanced disclosure with a barred list check.
- Individuals who fell under the old definition of Regulated Activity, but do not from 10th September 2012, will remain eligible for enhanced checks but without a barred list check.

FURTHER INFORMATION

Further information on these changes can be obtained from the following webpage:

www.homeoffice.gov.uk/disclosure-and-barring-leaflet

Any queries regarding this information note should be directed to the Recruitment and Selection Team who can provide further advice and guidance.

Ciaran McMullan – 028 9504 8754
Stephen Brady – 028 9504 8895
Deborah Ireland – 028 9504 9089

Any queries concerning referrals to the ISA/DBS should be made to the Employment Law Team.

Geraldine Murray – 028 9504 906

DEFINITION OF TERMS

Taken from: www.homeoffice.gov.uk/disclosure-and-barring-leaflet

1. New Definition of Regulated Activity

The Safeguarding Vulnerable Groups (Northern Ireland) Order 2007 sets out the activities and work which are 'regulated activity', which a person who has been barred by the DBS must not do. We are scaling back on regulated activity to focus on work which involves close and unsupervised contact with vulnerable groups including children. Currently, regulated activity covers over 9 million people across Northern Ireland, England and Wales. From September, it will cover closer to 5 million, with proportionate reductions in Northern Ireland. The activities and work which are being taken out of regulated activity will still be eligible for enhanced Access NI checks (but they will no longer be eligible for barred list checks).

Regulated activity matters because:

- An organisation which knowingly allows a barred person to work in regulated activity will be breaking the law.
- If you dismiss or remove someone from regulated activity – or you would have done had they not already left – because they appeared to pose a risk to vulnerable groups including children, you are legally required to pass information about that to the DBS. It is a criminal offence not to do that. If you believe that an offence has been committed, you should pass the information to the police. For further information on the duty to refer to the DBS, please see <http://www.homeoffice.gov.uk/publications/agencies-public-bodies/dbs/dbs-referrals-guidance/>
- From 10th September, if you consider that a role is within the new definition of regulated activity, then if you ask the individual to apply for an enhanced Access NI check you should request the appropriate barred list check (for children, adults or both). Enhanced Access NI checks for work within regulated activity will tell you (where requested) if the person is on one of the DBS's barred lists. They do not generally include that information for work outside regulated activity.

Summary of Changes to Regulated Activity

The full, legal definition of regulated activity is set out in Schedule 2 to the Safeguarding Vulnerable Groups (Northern Ireland) Order 2007, as amended (in particular, by the Protection of Freedoms Act 2012).

Regulated activity still excludes family arrangements, and personal non-commercial arrangements.

1. Regulated activity relating to children

The amended definition of regulated activity comprises only:

- (i) Unsupervised activities: teaching, training, instructing, caring for or supervising children, or providing advice/ guidance on well-being, or driving a vehicle only for children;
- (ii) Work for a limited range of establishments ('specified places') with opportunity for contact: e.g. schools, children's homes, childcare premises, a children's hospital **but** not work by supervised volunteers in those places;

Work under (i) or (ii) is regulated activity only if done regularly. We will be providing statutory guidance about supervision to accompany the new definition of regulated activity.

- (iii) Relevant personal care, e.g. washing or dressing; or health care by, or supervised by, a professional;
- (iv) Registered Child minding; and foster-care.

2. Regulated activity relating to adults

The new definition of Regulated Activity relating to adults no longer labels adults as "Vulnerable", instead it identifies activities that, if any adult requires them, lead to that adult being considered vulnerable at that particular time. This means that the focus is on the activities/ services required, or the personal characteristics or circumstances or circumstances of the adult receiving the activities. There is no longer a requirement for a person to do the activities a certain number of times before they are engaging in Regulated Activity.

There are six categories of people who will fall within the new definition of regulated activity (and so will anyone who provides day to day management or supervision of those people). A broad outline of these categories is set out below.

- **Providing Healthcare**
Any healthcare professional providing healthcare to an adult, or anyone who provides health care to an adult under the direction or supervision of a health care professional. Please see the Safeguarding Vulnerable Groups (Northern Ireland) Order 2007, as amended by the Protection of Freedoms Act 2012, for further details about what is meant by health care and health care professionals.
- **Providing Personal Care**
Anyone who:
 - Provides physical assistance with eating or drinking, going to the toilet, washing or bathing, dressing, oral care or care of the skin, hair or nails because of an adult's age, illness or disability;
 - Prompts and then supervises an adult who, because of their age, illness or disability cannot make the decision to eat or drink, go to the toilet, wash or bathe, get dressed or care for their mouth, skin, hair or nails without that prompting or supervision; or
 - Trains, instructs or offers advice or guidance which relates to eating or drinking, going to the toilet, washing or bathing, dressing, oral care or care of the skin, hair or nails to adults who need it because of their age, illness or disability.
- **Providing Social Work**
The provision by a social care worker of social work which is required in connection with any health care or social services to an adult who is a client or potential client.
- **Assistance with General Household Matters**

The provision of assistance to an adult because of their age, illness or disability, if that includes managing the person's cash, paying their bills or shopping on their behalf.

- Assistance in the Conduct of a Person's Own Affairs
Anyone who provides various forms of assistance in the conduct of an adult's own affairs, for example by virtue of an enduring power of attorney.
- Conveying
Anyone who transports an adult because of their age, illness, or disability either to or from their place of residence and a place where they have received, or will be receiving, health care, personal care or social care: or between places where they have received or will be receiving health care, personal care or social care. This will include Patient Transport Service drivers and assistants, hospital porters and Emergency Care Assistants and Ambulance Technicians



Access NI Policy Statement

As an organisation using Access Northern Ireland to help assess the suitability of applicants for positions of trust, the Belfast HSC Trust complies fully with AccessNI's Code of Practice regarding the correct handling, use, storage retention and disposal of Disclosure Applications and Disclosure information.

It also complies fully with its obligations under the [Data Protection Act 1998](#) and other relevant legislation pertaining to the safe handling, storage, retention and disposal of Disclosure information.

Storage and Access

Disclosure information is to be kept securely, in lockable, non-portable, storage containers with access strictly controlled and limited to those who are entitled to see it as part of their duties.

Handling

In accordance with section 124 of the Police Act 1997, Disclosure information is only passed to those who are authorised to receive it in the course of their duties. We maintain a record of all those to whom Disclosures or Disclosure information has been revealed and it is a criminal offence to pass this information to anyone who is not entitled to receive it.

Usage

Disclosure information is only used for the specific purpose for which it was requested and for which the applicant's full consent has been given.

Retention

Once a recruitment decision has been taken, we do not keep Disclosure information for any longer than is necessary. Information will not be retained but destroyed once a decision, recruitment or otherwise has been made.

Disposal

Once the retention period has elapsed, we will ensure that any Disclosure information is immediately destroyed by secure means i.e. by shredding, pulping or burning. While awaiting destruction, Disclosure information will not be kept in any unsecured receptacle (e.g. waste-bin or confidential sack). We will not keep any photocopy or other image of the Disclosure or any copy or representation of the contents of a Disclosure or any other relevant non-conviction information supplied by police but not included on the Disclosure. However, despite the above, we may keep a record of the date of issue of a

Disclosure, the name of the subject, the type of Disclosure requested, the position for which the Disclosure was requested, the Access NI unique reference number of the Disclosure Certificate and the details of the recruitment decision taken.

BELFAST HSC TRUST JOB ADVERTISEMENT REQUEST (REQUISITION) Page 1			HR REQ No(s).
NB: Form will not be processed unless all boxes fully completed			
Title of Post			
Specialty/Service Area			
Location			
Band Please select band	Hours per week/times <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Directorate Human Resources (AL)	
Source of Funding <input type="checkbox"/> New <input type="checkbox"/> Replacement of fully funded <input type="checkbox"/> Other Funds e.g. For any new post or funded posts through research & charitable please provide details: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
Cost Centre	Size of team which post is part of?	How long has the post been vacant?	
HRPTS Position Number: (To be completed by HR)			
How is the service being covered without this post? In cases where the service is covered by backfill, identify type and extent: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>			
Has the redeployment of resources from other areas within/outside the Directorate been considered to cover the post? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Consequence of not filling the post: <div style="border: 1px solid black; height: 60px; width: 100%;"></div>			
Budget position NET OF ALL SAVINGS at end of Month (specify)		Position at Specialty/Service area level (under/overspent):	

Once the form is fully completed, do a "save as", select the PDF or XPS option and then click Publish. This will reduce the file size of the form.

BELFAST HSC TRUST JOB ADVERTISEMENT REQUEST (REQUISITION) Page 2 NB: Form will not be processed unless <u>all</u> boxes fully completed													
Permanent Post <input type="checkbox"/> Yes Name of Person(s) being Replaced: <div style="border: 1px solid black; height: 30px; width: 100%;"></div> Hours of previous postholder: <div style="border: 1px solid black; width: 100px; height: 20px;"></div> Band of previous postholder: Please select band	Temporary Post <input type="checkbox"/> Yes Reason for Cover: <div style="border: 1px solid black; height: 30px; width: 100%;"></div> Name of Person cover required for: <div style="border: 1px solid black; width: 100%; height: 20px;"></div> Start Date: <div style="border: 1px solid black; width: 100px; height: 20px;"></div> Duration of Cover: <div style="border: 1px solid black; width: 100px; height: 20px;"></div>												
Waiting List (12 months) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent <i>Please tick all that apply.</i> <i>NB Waiting lists will only be created for Internal Trawls in exceptional circumstances.</i>	Does this post require applicants to undertake an AccessNI check? (Please refer to the SVG Protocol) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Enhanced Disclosures are used mainly for positions that involve contact with children or vulnerable adults. The type of work will involve <u>regulated activity</u> (amended definition from 10 th September 2012).												
Advertisement to be placed in: <i>(Please note that if a waiting list is currently in place then the post will be filled from this)</i> <input type="checkbox"/> Belfast Telegraph <input type="checkbox"/> Trustwide Internal <input type="checkbox"/> Limited Internal <input type="checkbox"/> Job <input type="checkbox"/> HSCRecruit <input type="checkbox"/> Professional Journal (Please <div style="border: 1px solid black; width: 150px; height: 20px;"></div>) <div style="background-color: yellow; text-align: center; font-weight: bold; font-size: small;">ALL VACANCIES WHICH ARISE WILL NORMALLY BE ADVERTISED <u>EXTERNALLY</u>. *PLEASE CONTACT THE RECRUITMENT TEAM FOR ELIGIBILITY FOR INTERNAL TRAWLS.</div> Chairperson/Contact: <div style="border: 1px solid black; width: 150px; height: 20px;"></div> Telephone: <div style="border: 1px solid black; width: 150px; height: 20px;"></div>													
Management Authorisation: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-bottom: 1px solid black;">Manager (PRINT):</td> <td style="width: 33%; border-bottom: 1px solid black;">Signed:</td> <td style="width: 33%; border-bottom: 1px solid black;">Date:</td> </tr> <tr> <td style="border-bottom: 1px solid black; height: 20px;"></td> <td style="border-bottom: 1px solid black; height: 20px;"></td> <td style="border-bottom: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Director (PRINT):</td> <td style="border-bottom: 1px solid black;">Signed:</td> <td style="border-bottom: 1px solid black;">Date:</td> </tr> <tr> <td style="border-bottom: 1px solid black; height: 20px;"></td> <td style="border-bottom: 1px solid black; height: 20px;"></td> <td style="border-bottom: 1px solid black; height: 20px;"></td> </tr> </table>		Manager (PRINT):	Signed:	Date:				Director (PRINT):	Signed:	Date:			
Manager (PRINT):	Signed:	Date:											
Director (PRINT):	Signed:	Date:											
Finance Authorisation: <i>Please note – the Service Group Accountant must sign requisitions for <u>all</u> posts. In addition, the Finance Director must sign requisitions for <u>new</u> posts only.</i>													
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-bottom: 1px solid black;">Directorate Accountant (All posts)</td> <td style="width: 33%; border-bottom: 1px solid black;">Signed:</td> <td style="width: 33%; border-bottom: 1px solid black;">Date:</td> </tr> <tr> <td style="border-bottom: 1px solid black; height: 20px;"></td> <td style="border-bottom: 1px solid black; height: 20px;"></td> <td style="border-bottom: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Finance Director (New posts only)</td> <td style="border-bottom: 1px solid black;">Signed:</td> <td style="border-bottom: 1px solid black;">Date:</td> </tr> <tr> <td style="border-bottom: 1px solid black; height: 20px;"></td> <td style="border-bottom: 1px solid black; height: 20px;"></td> <td style="border-bottom: 1px solid black; height: 20px;"></td> </tr> </table>		Directorate Accountant (All posts)	Signed:	Date:				Finance Director (New posts only)	Signed:	Date:			
Directorate Accountant (All posts)	Signed:	Date:											
Finance Director (New posts only)	Signed:	Date:											

Please return your Signed Advertisement Request Form, along with an electronic Word Version of the job description and personnel specification to the HR Dept.



Overview of Disclosure and Barring Requirements from 10th September 2012

Definition of Regulated Activity (entitled to an Access NI check and a Barred List check)	Examples of Posts Covered
<p><u>CHILDREN</u></p> <p>a) Unsupervised Activities – teaching, training, instructing, caring for or supervising children, or providing advice/guidance on well-being, or driving a vehicle for children;</p> <p>b) Work for a limited range of establishments – (specified places) with opportunity for contact, e.g. schools, children's homes, childcare premises, a children's hospital but not work by supervised volunteers in those places;</p> <p>Work under (a) and (b) is regulated activity only if done regularly. Regularly means carried out by the same person frequently (once a week or more), or on 4 or more days in a 30 day period, or overnight. The DHSSPSNI statutory guidance about supervision should be referred to at Appendix 5.</p> <p>c) Relevant personal care – e.g. washing or dressing; or health care by, or supervised by a professional.</p> <p>d) Registered childminding; and foster-care</p>	<ul style="list-style-type: none"> All staff who work regularly in a specified place – This will include support services, admin as well as social care staff. <p>Any of the following posts where the work involves children:</p> <ul style="list-style-type: none"> All Social Care Posts All Nursing and Midwifery All Medical and Dental All Allied Health Professionals Patient Transport Drivers who transport children Art and Music Therapists Trust Chaplains
<p><u>ADULT</u></p> <p>a) Providing health care – Any healthcare professional providing health care to an adult, or anyone who provides healthcare to an adult under the direction or supervision of a healthcare professional;</p> <p>b) Providing personal care – Assistance with washing, dressing, eating, drinking, toileting, oral care or care of the skin, hair or nails or teaching someone to do one of these tasks;</p> <p>c) Providing social work – provision by a social care worker of social work which is required in connection with any health services or social services;</p> <p>d) Assistance with general household matters – assistance with a person's cash, bills or shopping because of their age, illness or disability;</p> <p>e) Assistance in the conduct of a person's own affairs – i.e. powers of attorney, or deputies appointed under the Mental Health Order;</p> <p>f) Conveying – Anyone who transports an adult because of their age, illness or disability to, from or between places where they receive healthcare, personal care or social work. This will include Patient Transport Services drivers and assistants, hospital porters and Emergency Care Assistants. This does not include friends/family/taxi drivers.</p>	<ul style="list-style-type: none"> All Social Care Posts All Nursing and Midwifery All Medical and Dental All Allied Health Professionals Patient Transport Drivers and Assistants Home Care Workers Trust Hairdressers Porters Art & Music Therapists Trust Chaplains

OUT OF SCOPE

The following are examples of posts that **no longer** meet the definition of regulated activity (this list is not exhaustive):

- Domestic staff who do not work in a specified place (children's homes, child care premises, children's hospitals)²
- Maintenance staff who work in a specified place but not regularly (once a week or more or on 4 days or more in a 30 day period)²
- Director/Senior Executive Positions
- Maintenance staff who do not work in a specified place
- Catering/ Laundry workers or other similar support services roles
- All admin & clerical (with the exception of those working in a specified place)
- Volunteers supervised at reasonable levels

1 A Child is any person who has not attained the age of 18 years

*2 Posts that previously fell within the definition of regulated activity but no longer meet the definition **no longer** require an Access NI check. However the Trust can undertake an Access NI check if they so wish. It is important to note that the Trust is no longer permitted to undertake a barred list check for these posts.*

Statutory Guidance: Regulated Activity (Children) – Supervision of Activity with Children which is Regulated Activity when Unsupervised

1. This document fulfils the duty in legislation²³ that the Secretary of State must publish statutory guidance on supervision of activity by workers with children, which when unsupervised is regulated activity. This guidance applies in England, Wales and Northern Ireland. It covers settings including but not limited to schools, childcare establishments, FE colleges, youth groups and sports clubs.
2. For too long child protection policy has been developed in haste and in response to individual tragedies, with the well-intentioned though misguided belief that every risk could be mitigated and every loophole closed. The pressure has been to prescribe and legislate more. This has led to public confusion, a fearful workforce and a dysfunctional culture of mistrust between children and adults. This Government is taking a different approach.
3. We start with a presumption of trust and confidence in those who work with children, and the good sense and judgement of their managers. This guidance applies when an organisation decides to supervise with the aim that the supervised work will not be regulated activity (when it would be, if not so supervised). In such a case, the law makes three main points:
 - There must be supervision by a person who is in regulated activity⁴;
 - The supervision must be regular and day to day; and
 - The supervision must be “reasonable in all the circumstances to ensure the protection of children”.

The organisation must have regard to this guidance. That gives local managers the flexibility to determine what is reasonable for their circumstances.

While the precise nature and level of supervision will vary from case to case, guidance on the main legal points above is as follows:

4. Supervision by a person in regulated activity/ regular and day to day: Supervisors must be in regulated activity themselves⁵. The duty that supervision must take place “on a regular basis” means that supervision must not, for example, be concentrated during the first few weeks of activity and then tail off thereafter, becoming the exception not the rule. It must take place on an ongoing basis, whether the worker has just started or has been doing the activity for some time.
5. Reasonable in the circumstances: within the Statutory Duty, the level of supervision may differ, depending on all the circumstances of a case. Organisations should consider the following factors in deciding the specific level of supervision the organisation will require in an individual case:
 - Ages of the children, including whether their ages differ widely;
 - Whether or not other workers are helping to look after the children;

² Safeguarding Vulnerable Groups Act 2006, amended by the Protection of Freedoms Act 2012: Schedule 4, paragraph 5A: guidance must be “for the purpose of assisting” organisations “in deciding whether supervision is of such a kind that” the supervisee is not in regulated activity.

³ Safeguarding Vulnerable Groups (Northern Ireland) Order 2007, Schedule 2, paragraph 5A, is as above on guidance on “supervision” for Northern Ireland.

⁴ If the work is in a specified place such as a school, paid workers remain in regulated activity even if supervised.

⁵ From 2013-14, the Government plans to commence a statutory duty on an organisation arranging regulated activity (under the 2006 Act or 2007 Order, both as amended) to check that a person entering regulated activity is not barred from regulated activity; and plans to commence a stand-alone barring check service by the new Disclosure and Barring Service.

- The nature of the individual's work (or, in a specified place such as a school, the individual's opportunity for contact with children);
- How vulnerable the children are (the more they are, the more an organisation might opt for workers to be in regulated activity);
- How many workers would be supervised by each supervising worker.

6. In law, an organisation will have no entitlement to do a barred list check on a worker who, because they are supervised, is not in regulated activity.

EXAMPLES

Volunteer, in a specified place

Mr Jones, a new volunteer, helps children with reading at a local school for two mornings a week. Mrs Jones is generally based in the classroom, in sight of the teacher. Sometimes Mr Jones takes some of the children to a separate room to listen to them reading, where Mr Jones is supervised by a paid classroom assistant, who is in that room most of the time. The teacher and classroom assistant are in regulated activity. The head teacher decided whether their supervision is such that Mr Jones is not in regulated activity.

Volunteer, not in a specified place

Mr Wood, a new entrant volunteer, assists with the coaching of children at his local cricket club. The children are divided into small groups, with assistant coaches such as Mr Wood assigned to each group. The head coach oversees the coaching, spends time with each of the groups, and has sight of all the groups (and the assistant coaches) for most of the time. The head coach is in regulated activity. The club managers decide whether the coach's supervision is such that Mr Wood is not in regulated activity.

Employee, not in a specified place

Mrs Shah starts as a paid activity assistant at a youth club. She helps to instruct a group of children, and is supervised by the youth club leader who is in regulated activity. The youth club managers decide whether the leader's supervision is such that Mrs Shah is not in regulated activity.

In each example, the organisation uses the following steps when deciding whether a new worker will be supervised to such a level that the new worker is not in regulated activity:

- Consider whether the worker is doing work that, if unsupervised, would be regulated activity. If the worker is not, the remaining steps are unnecessary.
- Consider whether the worker will be supervised by a person in regulated activity, and whether the supervision will be regular and day to day, bearing in mind paragraph 4 of this guidance;
- Consider whether the supervision will be reasonable in all the circumstances to ensure the protection of children, bearing in mind the factors set out in paragraph 5 of this guidance;

And if it is a specified place, such as a school:

- Consider whether the supervised worker is a volunteer⁶.

Department for Education/ Department of Health, Social Services and Public Safety (Northern Ireland),
September 2012

⁶ A volunteer is: in England and Wales, a person who performs an activity which involves spending time, unpaid (except for travel and other approved out-of-pocket expenses), doing something which aims to benefit someone (individuals or groups) other than or in addition to close relatives; in Northern Ireland, a person engaged, or to be engaged, in an activity for a non-profit organisation or person which involves spending time unpaid (except for travel and other approved out-of-pocket expenses) doing something which amounts to a benefit to some third part other than, or in addition to, a close relative.

PART B Applicant's details

B1 Title Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐
If 'Other' please give details

B2 Surname

B3 Forename(s)

B4 Name usually known by

B5 Surname at birth
(if different)
 used until

B6 Any other surname(s) used? No ☐ Yes ☐ *If 'Yes', please complete F1, if 'No' go to B7*

B7 Any other forename(s) used? No ☐ Yes ☐ *If 'Yes', please complete F5, if 'No' go to B8*

B8 Gender Male ☐ Female ☐

B9 Date of birth

B10 Place of birth - Town
 Country

B11 National insurance number

B12 Driving licence number

B13 Do you hold a valid passport? No ☐ *If No, go to B17.* Yes ☐ *If Yes, complete B14, B15 and B16.*
 s

B14 Passport number

B15 Nationality

B16 Country of issue

B17 Do you have an ISA registration number? No ☐ *If No, go to B19.* Yes ☐ *If Yes, complete B18.*

B18 ISA registration number

B19 Do you have a Scottish
 Vetting & Barring number? No ☐ *If No, go to B21.* Yes ☐ *If Yes, complete B20.*

B20 Scottish Vetting & Barring
 number

B21 Preferred contact number

PART C Application for Registration with ISA

C1 Are you applying for registration with ISA? No ☐ *If No, go to Part D.* Yes ☐ *If Yes, complete C2 - C5.*

C2 Do you intend to work, paid or unpaid, with *(Cross all that apply)* Children ☐ Vulnerable Adults ☐

C3 Do you intend to work, paid or unpaid, in controlled activity with *(Cross all that apply)* Children ☐ Vulnerable Adults ☐

C4 Are you applying as a free of charge volunteer? No ☐ Yes ☐
By placing X in the Yes box at C4 I understand that I may be liable for payment at a later date should my employment status change.

C5 Security information

PARTD Applicant's current and delivery address

Please give details of your current address. This is the address to which all correspondence will normally be sent.

D1	Current address	<input type="text"/>
		<input type="text"/>
D2	Town / City	<input type="text"/>
D3	County	<input type="text"/>
D4	Country	<input type="text"/>
D5	Postcode	<input type="text"/>
D6	Lived at this address since	<input type="text"/> / <input type="text"/> / <input type="text"/>

Please give details of a preferred Delivery Address (if different from above).

D7	Delivery address	<input type="text"/>
		<input type="text"/>
D8	Town / City	<input type="text"/>
D9	County	<input type="text"/>
D10	Country	<input type="text"/>
D11	Postcode	<input type="text"/>

PARTE Address history

If you have lived at the address at D1-D4 for less than 5 years please provide details of all your previous address(es) and dates of residence for the last 5 years. There must be no gaps in the dates; overlapping dates are acceptable. Please start with the most recent address and work backwards.

If necessary, please use the approved Address Continuation Sheet - this is downloadable at www.accessni.gov.uk.

E1	Address	<input type="text"/>
		<input type="text"/>
E2	Town / City	<input type="text"/>
E3	County	<input type="text"/>
E4	Country	<input type="text"/>
E5	Postcode	<input type="text"/>
E6	Lived at this address from	<input type="text"/> / <input type="text"/> / <input type="text"/> to <input type="text"/> / <input type="text"/> / <input type="text"/>
E7	Address	<input type="text"/>
		<input type="text"/>
E8	Town / City	<input type="text"/>
E9	County	<input type="text"/>
E10	Country	<input type="text"/>
E11	Postcode	<input type="text"/>
		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

PART F Names history

This Section should only be completed if you have answered Yes to questions B6 or B7. You must provide details of your previous name(s), along with dates these names were used. There must be no gaps in the dates; overlapping dates are acceptable. Please use an additional page if necessary, clearly writing your current name at the top of the page.

F1 Previous surname

F2 date used from

to

F3 Previous surname

F4 date used from

to

F5 Previous forename

F6 date used from

to

F7 Previous forename

F8 date used from

to

Once you have completed Part F, please return to B8 to continue with this Form.

PART G Declaration by Applicant

By signing the applicant declaration box I confirm that the information that I have provided in support of this application is complete and true and I understand that knowingly to make a false statement for this purpose may be a criminal offence.

G1 Do you have any convictions?

No

Yes

☐
☐

Signature of applicant (please sign in box)

G3 Date of signature

Name (in CAPITALS)

Information you have supplied on this form, and any other additional information you have supplied in support of this application, may be passed to other Government organisations and law enforcement agencies.

You must now return this form to the person who asked you to complete it

For AccessNI use only

Factsheet 1: Employers and Volunteer Managers - when to make a referral to the Disclosure Barring Service (DBS)

• V2.0 - Dec 2012

Purpose

This factsheet provides general guidance on when an employer of people who work (paid or unpaid) with children or vulnerable adults is required to make a referral to the DBS.

What is a referral?

A referral is information regarding a person working in regulated activity with children or vulnerable adults which notifies us of concerns that harm or risk of harm has occurred to a child or vulnerable adult. A referral is made on the DBS Referral Form and is usually provided to the DBS by an employer or volunteer manager.

For more detailed information see the DBS Referral Guidance and the Referral Form on the DBS website: www.homeoffice.gov.uk/DBS or call the DBS Helpline on 01325 953 795.

When to refer - specifics

The Safeguarding Vulnerable Groups Act (SVGA) 2006 and Safeguarding Vulnerable Groups (Northern Ireland) Order (SGVO) 2007, place a duty on employers of people working with children or vulnerable adults to make a referral to the DBS in certain circumstances. This is when an employer has **dismissed or removed** a person from working with children or vulnerable adults (or would or may have if the person had not left or resigned etc.) because the person has:

1. Been cautioned or convicted for a relevant offence; or
2. Engaged in relevant conduct in relation to children and/or vulnerable adults [i.e. an action or inaction (neglect) that has harmed a child or vulnerable adult or put them at risk of harm]; or
3. Satisfied the Harm Test in relation to children and/or vulnerable adults. [i.e. there has been no relevant conduct (i.e. no action or inaction) but a risk of harm to a child or vulnerable adult still exists].

1. Caution or conviction for a relevant offence

If an employee who works with children or vulnerable adults in regulated activity has been cautioned or convicted for a relevant offence the employer must make a referral to the DBS. This should be done as soon as the employer is aware of the caution or conviction.

A relevant offence is a serious offence that will, subject to consideration of representations where permitted, automatically bar a person from working with children or vulnerable adults. Relevant offences are defined in secondary legislation. The DBS has a plain English version of relevant offences in Factsheet 5 on its website.



Factsheet 1: Employers and Volunteer Managers - when to make a referral to the Disclosure and Barring Service (DBS)

2 or 3. Relevant conduct or harm test is satisfied

An employer or volunteer manager must make a referral to the DBS if the following criteria have been met:

- They have dismissed or removed the person from working with children or vulnerable adults (or would or may have done so if they had not left or resigned etc.); because
- The person has engaged in relevant conduct; or the Harm Test is satisfied.

A referral should not be made when an allegation is first made. The employer must first undertake an investigation and evidence gathering in order to establish if the allegation has foundation. Without evidence or information for the DBS to consider, many allegations will be quickly closed down as there will be no basis on which the DBS can proceed.

A referral should be made when the employer has gathered information and evidence to support the allegation and decided that the criteria for making a referral to the DBS has been met.

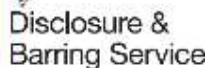
Points to note

- If you suspect that a crime has been committed you should contact the Police.
- The DBS has no investigatory powers and relies upon the evidence provided with referrals and any other evidence that it may gather.
- It is crucial that employers do not make a referral to the DBS without providing supporting evidence. The DBS Referral Form details the information you should provide if you have it.
- Employers should, as far as possible, complete their investigations (even if the person has left their employment). This will ensure that the DBS has all available information and evidence on which to base its decision.
- If additional relevant information becomes available to an employer after making a referral, this should also be provided to the DBS.
- In all cases, the referral should be made on the DBS Referral Form and posted to the DBS enclosing all relevant information that the employer holds.

DBS contacts

Helpline: 01325 953 795
 Website: www.homeoffice.gov.uk/DBS
 Email: dbsdspatchteam@dbb.gsi.gov.uk

Post: Disclosure and Barring Service
 Post Office Box 181
 Darlington
 DL1 9FA



Disclosure and Barring Service Referral Form

Please refer to completing the referral form guidance whilst completing this document

Part 1: Details of the person you are referring

<p>A Personal information</p> <p>Title Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other title <input style="width: 150px;" type="text"/></p> <p>Surname <input style="width: 150px;" type="text"/></p> <p>Forename(s) <input style="width: 150px;" type="text"/></p> <p>Date of birth <input style="width: 30px;" type="text"/><input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/><input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/><input style="width: 30px;" type="text"/><input style="width: 30px;" type="text"/><input style="width: 30px;" type="text"/> <small>D D M M Y Y Y Y</small> Or age if date of birth is not known <input style="width: 60px;" type="text"/></p> <p>Previous names and / or alias dates of birth <input style="width: 150px; height: 60px;" type="text"/></p> <p>Gender Male <input type="checkbox"/> Female <input type="checkbox"/></p> <p>Nationality <input style="width: 150px;" type="text"/></p> <p>National Insurance Number <input style="width: 30px;" type="text"/><input style="width: 30px;" type="text"/><input style="width: 30px;" type="text"/><input style="width: 30px;" type="text"/><input style="width: 30px;" type="text"/><input style="width: 30px;" type="text"/><input style="width: 30px;" type="text"/><input style="width: 30px;" type="text"/><input style="width: 30px;" type="text"/><input style="width: 30px;" type="text"/></p>	<p>B Contact details of the person you are referring</p> <p>Contact Address <input style="width: 100%; height: 50px;" type="text"/></p> <p>Post Code <input style="width: 40px;" type="text"/><input style="width: 40px;" type="text"/><input style="width: 40px;" type="text"/><input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/><input style="width: 40px;" type="text"/><input style="width: 40px;" type="text"/></p> <p>Country <input style="width: 150px;" type="text"/></p> <p>Home telephone <input style="width: 150px;" type="text"/></p> <p>Mobile number <input style="width: 150px;" type="text"/></p> <p>Work telephone (<i>if still working</i>) <input style="width: 150px;" type="text"/></p> <p>Email address <input style="width: 150px;" type="text"/></p>
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<p>C Address history (<i>most recent first</i>)</p> <p><i>Address</i></p> <div style="height: 150px; border: 1px solid black;"></div>	<p><i>Date from</i></p> <div style="height: 150px; border: 1px solid black;"></div>	<p><i>Date to</i></p> <div style="height: 150px; border: 1px solid black;"></div>
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<p>D Professional registration (<i>if applicable</i>)</p> <p>Professional regulator <input style="width: 150px;" type="text"/></p> <p>Registration number <input style="width: 150px;" type="text"/></p>	<p>E Teacher reference (<i>if applicable</i>)</p> <p>Teachers pension number England and Wales <input style="width: 40px;" type="text"/><input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/><input style="width: 40px;" type="text"/><input style="width: 40px;" type="text"/><input style="width: 40px;" type="text"/><input style="width: 40px;" type="text"/></p> <p>F CRB Disclosures</p>
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Disclosure &
Barring Service

Disclosure and Barring Service Referral Form

<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <p>Date of registration</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="width: 10px; text-align: center;">/</td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="width: 10px; text-align: center;">/</td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> </tr> <tr> <td style="text-align: center;">D</td> <td style="text-align: center;">D</td> <td></td> <td style="text-align: center;">M</td> <td style="text-align: center;">M</td> <td></td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> </tr> </table>			/			/					D	D		M	M		Y	Y	Y	Y	<p>CRB Disclosure Number (if known)</p> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>
		/			/																
D	D		M	M		Y	Y	Y	Y												

Part 2: Qualifications and training history of the person you are referring

G	<p>Qualifications (please continue on a separate sheet if required)</p> <p><i>Title of qualification</i></p> <div style="border: 1px solid black; height: 150px; margin-top: 5px;"></div>	<p><i>Date of certificate</i></p> <div style="border: 1px solid black; height: 150px; margin-top: 5px;"></div>
H	<p>In service training / other training / courses attended (please continue on a separate sheet if required)</p> <p><i>Details of training</i></p> <div style="border: 1px solid black; height: 150px; margin-top: 5px;"></div>	<p><i>Date attended</i></p> <div style="border: 1px solid black; height: 150px; margin-top: 5px;"></div>



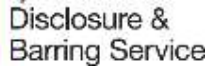
Disclosure and Barring Service Referral Form

Part 3: Details of the work carried out by the person you are referring

<p>I About their role</p> <p>Role Title</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Type of role</p> <p>Paid <input type="checkbox"/> Voluntary <input type="checkbox"/></p> <p>Date they started working / volunteering in the above role</p> <div style="display: flex; justify-content: space-around;"> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div style="display: flex; justify-content: space-around; font-size: 8px;"> <div>D D</div> <div>M M</div> <div>Y Y Y Y</div> </div> <p>Date they ceased working / volunteering in the above role</p> <div style="display: flex; justify-content: space-around;"> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div>/</div> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div>/</div> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div style="display: flex; justify-content: space-around; font-size: 8px;"> <div>D D</div> <div>M M</div> <div>Y Y Y Y</div> </div> <p>How did they leave or were removed from the role?</p> <p>Dismissed <input type="checkbox"/> Resigned <input type="checkbox"/> Retired <input type="checkbox"/></p> <p>Other (please specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Was the role held by the person you are referring 'regulated activity' with:</p> <p>Children <input type="checkbox"/> Vulnerable Adults <input type="checkbox"/> Both <input type="checkbox"/></p> <p>Is the person still employed by you?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If "Yes" to what role has the person been moved?</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>To your knowledge, has the person ever worked in Scotland?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/></p> </div></div>	<p>J Role Description</p> <p>Main duties of the role (may be continued on a separate sheet if required)</p> <div style="border: 1px solid black; height: 300px; width: 100%;"></div>
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K	<p>Previous misconduct, disciplinary action or complaints</p> <p><i>Nature of allegation and what action was taken</i></p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	<p><i>Date</i></p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
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L	<p>Previous / other employment (including any volunteer work if known)</p>			
	Organisation / address	Job title / role	Date From	Date to



Disclosure and Barring Service Referral Form

M	Purpose of the referral
	<p>I am referring the person because I think they (<i>please tick one only</i>):</p> <p><input type="checkbox"/> Harmed a child or vulnerable adult through their actions or inactions (<i>relevant conduct</i>); or</p> <p><input type="checkbox"/> Represent a risk of harm to a child or vulnerable adult (<i>satisfied the harm test</i>); or</p> <p><input type="checkbox"/> Have received a caution or conviction for a relevant offence.</p>

Yes ☐ No ☐ Not Known ☐

Organisation / address

email



Disclosure &
Barring Service

Disclosure and Barring Service Referral Form

Part 5: Chronology of events

[illegible]



Disclosure and Barring Service Referral Form

Part 6: Details of the child or vulnerable adult harmed / put at risk of harm

<p>Q Details of the person harmed / put at risk of harm</p> <p>Title</p> <p>Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/></p> <p>Other title <input type="text"/></p> <p>Surname <input type="text"/></p> <p>Forename(s) <input type="text"/></p> <p>Date of birth</p> <p><input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p style="text-align: center;">D D M M Y Y Y Y</p> <p>Or age if date of birth is not known <input type="text"/></p> <p>Gender</p> <p>Male <input type="checkbox"/> Female <input type="checkbox"/></p> <p><i>For additional victims please use a separate sheet</i></p>	<p>R Relationship between the referred and the person harmed / put at risk of harm</p> <p><input type="text"/></p> <p>Details of any vulnerability, e.g. emotional, behavioural, medical or physical</p> <p><input type="text"/></p>
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Part 7: Documentation supplied

<p>S Supplied documents (please tick all that apply)</p> <p>Application for employment <input type="checkbox"/></p> <p>Curriculum Vitae / CV / Resume <input type="checkbox"/></p> <p>References <input type="checkbox"/></p> <p>Letter of employment offer <input type="checkbox"/></p> <p>Job description / role requirement / person specification <input type="checkbox"/></p> <p>File notes concerning conduct, behaviour / attitude <input type="checkbox"/></p> <p>Care plans for those named in Section Q (where appropriate) <input type="checkbox"/></p> <p>Victim impact report(s) or statement(s) for those named in Section Q <input type="checkbox"/></p> <p>Documents of internal investigations and outcomes <input type="checkbox"/></p> <p>Documentation of any past disciplinary action and complaint(s) <input type="checkbox"/></p> <p>Statement(s) made by the referred individual <input type="checkbox"/></p>	<p>Investigations and reports of regulatory bodies <input type="checkbox"/></p> <p>Investigations and reports of other agencies or bodies <input type="checkbox"/></p> <p>Interview report(s) relating to the referral <input type="checkbox"/></p> <p>Witness statement(s) <input type="checkbox"/></p> <p>Dismissal / resignation / redeployment letters <input type="checkbox"/></p> <p>Local Authority investigations reports / documents <input type="checkbox"/></p> <p>Adult Social Care or Children's Services reports <input type="checkbox"/></p> <p>Police investigations and reports <input type="checkbox"/></p> <p>Minutes of Strategy Meetings <input type="checkbox"/></p> <p>Health and Social Care Trust Investigations reports / documents <input type="checkbox"/></p>
<p>T Additional documents supplied (please continue on a separate sheet if required)</p>	



Disclosure &
Barring Service

Disclosure and Barring Service Referral Form

Part 8: Referring party

<p>U Referring organisation / establishment</p> <p>Name of Organisation</p> <input type="text"/> <p>Type of organisation</p> <input type="text"/> <p>Sector Please select your sector of work</p>	<p>Contact address</p> <input type="text"/> <p>Postcode</p> <table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table> <p>Country</p> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		

<p>V Primary contact</p> <p>Name</p> <input type="text"/> <p>Position</p> <input type="text"/> <p>Telephone number</p> <input type="text"/> <p>Mobile number</p> <input type="text"/> <p>Email Address</p> <input type="text"/>	<p>Alternative contact</p> <p>Name</p> <input type="text"/> <p>Position</p> <input type="text"/> <p>Telephone number</p> <input type="text"/> <p>Mobile number</p> <input type="text"/> <p>Email Address</p> <input type="text"/>
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Part 9: Declaration

<p>W To be signed by the person making the referral</p> <p>I confirm that to the best of my knowledge the information in this form is accurate and that I have provided all documents legally required and any other relevant documentation. I understand that the DBS may contact me about the information I hold on the person I have referred.</p> <p>I understand that any information I have referred will be used by the Disclosure and Barring Service and may be disclosed to the referred person or other parties in accordance with statutory duties under the Safeguarding Vulnerable Groups Act 2006 and other legislation.</p>
--



Disclosure &
Barring Service

Disclosure and Barring Service Referral Form

Signature

Name (*in BLOCK CAPITALS*)

Date

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D		M	M		Y	Y	Y	Y

Position

Organisation

Relationship to the individual you are referring

☒ X

Returning the form

Please check that you have answered all the questions you can and signed the Declaration.

This form should be returned, together with all supporting documentary evidence, to the address opposite.

Please return the form to:

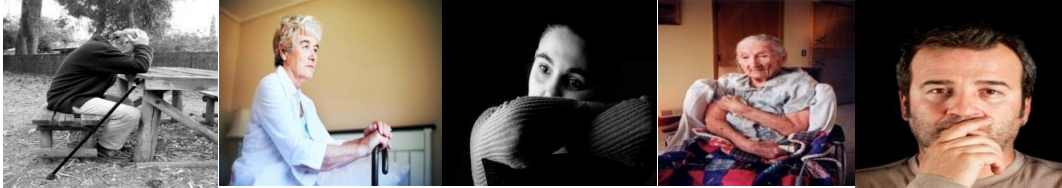
Disclosure and Barring Service

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NORTHERN IRELAND ADULT SAFEGUARDING PARTNERSHIP



Protocol for Joint Investigation of Adult Safeguarding Cases

August 2016

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SECTION 1

1.1 Introduction

Living a life that is free from harm and abuse is a fundamental right for every person.

There has been growing recognition that a wide range of adults may, for a variety of reasons, be at risk of harm from abuse, exploitation or neglect. This has been reflected in the continuing evolution of government thinking and policy in relation to adult safeguarding at national, regional and local levels.

In a Northern Ireland context, there has been a series of documents published in recent years that have had considerable influence in the delivery of safeguarding services.

They include The Protocol for the Joint Investigation of Alleged and Suspected Cases of Abuse of Vulnerable Adults (2003 and revised in 2009) and Achieving Best Evidence in Criminal Proceedings (Northern Ireland) (2003, revised in 2010 and again in 2012) which set out in detail how health and social care and criminal justice professionals should work together to more effectively support adult victims when harm/abuse constitutes a possible crime.

'Adult Safeguarding in Northern Ireland: Regional and Local Partnership Arrangements' (DHSSPS and DoJ) was published in 2010 and led to the establishment of the Northern Ireland Adult Safeguarding Partnership (NIASP) and the five Local Adult Safeguarding Partnerships (LASPs).

It is important to note that there have also been many developments over the last few years in terms of entitlements and support to victims of crime.

The Victim Charter (Justice Act (Northern Ireland) 2015) Order 2015 sets out requirements in relation to entitlements and supports to victims of crime and the standards of service that victims can expect to receive when they come in contact with the Criminal Justice System.

The Victim Charter - a Charter for Victims of Crime, published by the Department of Justice in September 2015, provides information on the range of entitlements aimed at supporting victims of crime and details the roles and responsibilities of relevant agencies in relation to delivering of these supports. Some of the entitlements are available to all victims of crime such as crime information leaflets and access to Victim Support Northern Ireland.

Other entitlements are targeted at the most vulnerable in our society and include, but are not limited to, Achieving Best Evidence in Criminal Proceedings, the use of Special Measures and, where appropriate, use of Registered Intermediaries.

These supports aim to assist the victim through the criminal justice process from the point of referral to PSNI, making a statement of complaint, giving evidence in Court and follow up in terms of outcome. There are other arrangements in place to support a vulnerable individual who is suspected of committing a crime.

In July 2015 the Adult Safeguarding Prevention and Protection in Partnership Policy (the Policy) was produced jointly by the Department of Health Social Services and Public Safety (DHSSPS) and Department of Justice.

The Policy sets out the future agenda for adult safeguarding in a Northern Ireland context. It extends safeguarding to encompass both prevention and protection and places a very strong emphasis on partnership working. The responsibilities of different organisations are clearly set out within the Policy which includes thresholds for referrals to adult protection services.

This Protocol for Joint Investigation of Adult Safeguarding Cases (the Joint Protocol) will provide clarity in respect of the roles and responsibilities of adult protection services where the nature of the harm to the adult in need of protection constitutes a potential criminal offence.

1.2 Background

This is the third edition of the Joint Protocol and replaces the Protocol for Joint Investigation of Alleged and Suspected Cases of Abuse of Vulnerable Adults 2009. It should be read in conjunction with the regional adult safeguarding policy Adult Safeguarding: Prevention and Protection in Partnership (DHSSPS & DOJ) 2015 and Adult Safeguarding Operational Procedures (NIASP) 2016.

Health and Social Care Trusts (HSC Trusts) and the Police Service of Northern Ireland (PSNI) are identified as the lead agencies with responsibility for adult protection. The Regulation and Quality Improvement Authority (RQIA) is recognised as a key partner when the concern relates to a regulated service.

The Joint Protocol aims to provide a framework within which HSC Trusts, PSNI and RQIA can work in partnership to ensure adults at risk and in need of protection have equal access to the justice system when harm/abuse constitutes a potential crime.

It reflects the experience and learning of practitioners from a range of agencies, including HSC Trusts, PSNI, RQIA and the Public Prosecution Service (PPS). It also incorporates recommendations contained in the Joint Review by RQIA and CJINI of the Protocol for Joint Investigation of Alleged and Suspected Cases of Abuse of Vulnerable Adults, 2009.

1.3 Scope of the Protocol

The Joint Protocol relates to adults who are at risk and in need of protection where the harm caused by abuse, exploitation or neglect constitutes a potential criminal offence.

It adopts the definitions of an adult at risk and in need of protection as detailed in Adult Safeguarding Prevention and Protection in Partnership 2015:

An **adult at risk of harm** is a person aged 18 or over, whose exposure to harm through abuse, exploitation or neglect may be increased by their:

- i) **personal characteristics** (may include but are not limited to age, disability, special educational needs, illness, mental or physical frailty or impairment of, or disturbance in, the functioning of the mind or brain);

and/or

- ii) **life circumstances** (may include, but are not limited to, isolation, socio-economic factors and environmental living conditions);

An **adult in need of protection** is an adult at risk of harm (above):

- i) who is **unable to protect** their own well-being, property, assets, rights or other interests;

and

- ii) where the **action or inaction of another person or persons** is causing, or is likely to cause, him/her to be harmed.

“Harm” is defined as the impact on the victim of abuse, exploitation or neglect (Appendix 1 Definitions of Abuse, Neglect, Exploitation and related definitions).

The decision as to whether the definition of an adult in need of protection is met will require the careful application of professional judgement on a case by case basis. This should take into account all the available evidence, concerns, the impact of harm, degree of risk and other matters relating to the individual and his or her circumstances. The seriousness and the degree of risk of harm are key to determining the most appropriate response and establishing whether the threshold for protective intervention has been met.

It is important to note that when harm caused by abuse, exploitation or neglect constitutes a potential crime, the PSNI have the lead role and responsibility to investigate. The adult in need of protection should be made aware of their fundamental right to make a report to the police.

The Joint Protocol recognises the dilemmas and complexities posed when an adult in need of protection withholds consent to a police referral and/or there is a lack of clarity regarding whether a concern constitutes a potential crime.

The Joint Protocol provides a framework to support the HSC Trust Designated Adult Protection Officers (DAPO) in making decisions. It is intended as a guide only and there is an expectation that the HSC Trust DAPO must ensure that a professional assessment/risk assessment is carried out for each individual. While each case is unique, this professional assessment process will begin from the perspective that any potential criminal offence should be reported to the PSNI.

The Joint Protocol sets out requirements to ensure that the welfare and protection needs of the adult in need of protection are met as fully as possible. Throughout the Joint Protocol processes, HSC Trusts and PSNI will work in partnership to take these needs into account.

Where the adult in need of protection is known to regulated services, RQIA and the Registered Provider/Manager will be expected to co-operate fully with all processes being put in place to support them.

1.4 Aim and Objectives

Aim

The aim of the Joint Protocol is to ensure that the adult in need of protection is supported in a manner which upholds his/her rights, in particular their right to equal access to the criminal justice system and to prevent further abuse through a collaborative multi-agency partnership.

Objectives

- To provide a framework for effective communication and collaboration between HSC Trusts, PSNI, RQIA and PPS in relation to Joint Protocol referrals and investigations
- To support staff in the decision making process involved in the Joint Protocol
- To provide details of the Joint Protocol processes to be followed.

1.5 Underpinning Principles

Adult safeguarding is complex and challenging and therefore should at all times be guided by a number of underpinning principles. In this context the Joint Protocol adopts the same guiding principles as the Adult Safeguarding: Prevention and Protection in Partnership regional policy:

- **a rights-based approach** which promotes and respects an adult's rights to the protection of the law; to freedom from harm and coercion; to privacy; to confidentiality; to equality of treatment, free from discrimination; and to be safe and secure
- **an empowering approach** which empowers adults to keep themselves safe and free from harm in ways that manage exposure to risk and maximise opportunities to participate in wider society
- **a person-centred approach** which promotes and facilitates full participation by the adult in all decisions affecting his or her life and take full cognisance of the views, wishes and feelings of the individual and, where safe and appropriate, the views of others who have an interest in his or her well-being
- **a consent-driven approach** which makes a presumption of the adult's decision-making capacity and ability to make informed choices; to help inform choice through the provision of information, and advocacy where needed, and the identification of options and alternatives; to have particular regard to the needs of individuals who lack the capacity to consent; and intervening in the life of an adult against his or her wishes only in very particular circumstances, for very specific purposes and always in accordance with the law
- **a partnership approach** which acknowledges that safeguarding will be most effective when it has the full support of the wider public and of safeguarding partners across the statutory, voluntary, community and private sectors working together with and for adults at risk; and is delivered in a way where roles, responsibilities and lines of accountability are clearly defined and understood.

1.6 Roles and Responsibilities of Key Agencies

Health and Social Care Trusts

There are 5 Health and Social Care (HSC) Trusts - Belfast HSC Trust, South Eastern HSC Trust, Western HSC Trust, Southern HSC Trust and Northern HSC Trust. The HSC Trusts provide integrated health and social care services across Northern Ireland. HSC Trusts manage and administer hospitals, health centres, residential homes, day centres and other health and social care facilities and they provide a wide range of health and social care services to the community. HSC Trusts have a significant role in adult safeguarding, including both prevention and protection of adults at risk.

Within each HSC Trust there are key personnel with responsibility for delivering on the requirements set out in the Joint Protocol. These are Designated Adult Protection Officers (DAPOs); Investigating Officers (IOs) and Specialist ABE Interviewers.

HSC Regional Emergency Social Work Service

The Regional Emergency Social Work Service (RESWS) provides an emergency social work service outside normal office hours including weekends and public holidays. These are 5pm to 9am Monday to Thursday and 5pm on Friday to 9am on Monday. There is 24 hour cover over public holidays. Contact details are contained in Appendix 2.

The RESWS responds to a wide range of people in crisis and deals with situations which cannot be left until the next working day. People in crisis can include older people, people with mental health issues, learning disabilities, physical disabilities and children and young people.

There are a number of situations in which the RESWS will become involved or work with other agencies to ensure the safety of an individual and others who may be at risk. Examples of emergency situations are where:

- There are immediate significant protection and welfare concerns in relation to an adult at risk and/or an adult in need of protection;
- There are immediate significant protection and welfare concerns in relation to children and young people;
- Urgent advice and/or support is required by families or carers;
- Older people are at risk;
- There is consideration that compulsory admission to hospital under the Mental Health Order (NI) 1986 is required.

Staff within RESWS will provide an adult safeguarding and adult protection service where required and staff will therefore fulfil the role of DAPOs. As DAPOs, RESWS will respond to all elements of the role in emergency situations which require an urgent response.

Police Service of Northern Ireland

The Police Service of Northern Ireland (PSNI)'s purpose is 'keeping people safe'. This goal is achieved through policing in partnership with the community. This proactive, community-driven approach sees the police and local community working together to identify and solve problems.

The Central Referral Unit (CRU) is the regional PSNI centre for all referrals made by either HSC Trusts or PSNI where harm caused by abuse, exploitation or neglect to adult in need of protection constitutes a potential crime. The CRU will, in consultation with HSC Trust DAPO determine whether a criminal investigation is appropriate and, if required, CRU will make a decision regarding which branch of the police service is best placed to conduct the criminal investigation.

In many cases the PSNI Public Protection Branch (PPB) will be appointed to conduct the criminal investigation. CRU and PPB have officers experienced in adult protection work and officers trained as specialist interviewers under Achieving Best Evidence (ABE).

Depending on the nature of the crime CRU may refer the case to other PSNI branches, for example Response Teams, the Rape Crime Unit or CID. These branches will also include specially trained officers in adult protection work and ABE.

It is the responsibility of the PSNI to investigate alleged offences and to gather evidence about what has occurred. When the police have obtained evidence that an identifiable individual may have committed an offence, a file will be prepared and forwarded to the Public Prosecution Service (PPS).

PSNI contact details can be found in Appendix 3.

Public Prosecution Service

The Public Prosecution Service takes prosecution decisions and conducts prosecutions on behalf of a number of Government bodies, including the PSNI. The PPS will determine whether criminal proceedings should be instituted or, where criminal proceedings have been instituted, whether they should be continued or discontinued, and also what charges should be preferred. The PPS provides the people of Northern Ireland with an independent, fair and effective prosecution service.

The PPS is wholly independent from both the police and government and its decisions are based on an impartial and professional assessment of the available evidence and the public interest. All actions are undertaken with complete impartiality, to the highest ethical and professional standards. All persons, including those accused of offences, will be treated fairly. All victims and witnesses will be treated with respect and sensitivity. All prosecution decisions are taken and every prosecution conducted in an

effective and efficient manner (Appendix 4 - Guidance in Relation to Test for Prosecution).

Regulation and Quality Improvement Authority (RQIA)

RQIA is an independent regulator with responsibility for registering, inspecting and encouraging improvement in a range of health and social care services delivered by statutory and independent providers, in accordance with The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and its supporting regulations. The services which it regulates include residential care homes; nursing homes; supported living facilities; supporting people services; children's homes; independent health care providers; nursing agencies; adult placement agencies; domiciliary care agencies; residential family centres; day care settings; and boarding schools. RQIA also have a specific role in relation to inspections in mental health and learning disability hospitals. Other inspections or reviews can be commissioned and conducted across a range of health and personal social services. Where the service inspected is not meeting the required quality standards or where compliance issues or concerns are identified, there are a range of robust sanctions and powers available to RQIA.

RQIA's remit therefore involves prevention, safeguarding and protection of adults at risk of harm and adults in need of protection. With regard to the Joint Protocol RQIA are a key partner in relation to investigations and protection planning in all regulated services.

Contact details can be found in Appendix 5.

1.7 Reporting and Referral Arrangements

Harm to adults in need of protection can take place in any setting; in the person's own home, in the wider community, in a residential or nursing home, hospital or indeed anywhere. It can also be perpetrated by anyone - family, friends, paid staff including professional staff such as doctors, nurses, social workers, police, volunteers, clergy, etc.

Where the harm constitutes a potential criminal offence the adult in need of protection has a right to make a report to the police and should if necessary be supported to make this report.

The arrangements below set out the requirements for reporting a concern which may constitute a criminal offence to either the HSC Trust and/or the PSNI.

a) Referrals to HSC Trusts and/or PSNI by organisations that have direct contact with adults at risk:

The regional policy places a responsibility on organisations that have direct contact with adults at risk to nominate an Adult Safeguarding Champion (ASC). One of the key responsibilities of the ASC is to advise and support staff when there are concerns that an adult at risk may have been subjected to serious harm through abuse, neglect or exploitation (Appendix 6 Definitions of Harm and Serious Harm).

The ASC should ensure that a referral to HSC Trust Adult Protection Gateway Service is made. The ASC should also consider whether there is a need to make an immediate report to the PSNI where there is an imminent risk to the adult.

The adult in need of protection's views and wishes are paramount and any decisions taken should involve consultation with them. Where it is feasible to do so, the consent of the individual should be sought before a referral/report is made to the HSC Trust or PSNI.

However, if there is an adult protection concern which constitutes a possible crime the ASC must consult with the HSC Trust Adult Protection Gateway Service and/or PSNI as appropriate.

b) Referrals/Reports to HSC Trusts by PSNI

Where PSNI have a concern that the individual may be an adult in need of protection, and a crime is suspected, the individual should be advised of the support and protection role of the HSC Trust. In these situations the consent of the individual to contact the relevant HSC Trust should be sought (Appendix 7 Consent and Capacity).

Where an adult in need of protection withholds consent to a referral to the HSC Trust for support and/or protection, the police officer will need to make a professional assessment based on available information as to whether a report/referral to the HSC Trust is nonetheless appropriate.

The following factors should be considered:

- whether the individual has the capacity to make an informed decision in relation to a referral; and
- the level of risk of harm to the individual and /or others including children

Where a police officer decides that a referral to the HSC Trust against the expressed preference of the individual involved is appropriate the rationale for the decision must be clearly recorded.

Each HSC Trust has an Adult Protection Gateway Service which is the central point of contact for all new adult in need of protection referrals. (Appendix 2: HSC Trust Adult Safeguarding contact details).

If a police officer has any concerns that a child or children are in any danger or at risk of harm they should contact the local HSC Trust's Child Protection Gateway Team (Appendix 2 HSC Trust Child Protection contact details).

Where there is a concern regarding the safety of an adult in need of protection or a child outside of normal working hours (Monday-Friday 9am to 5pm) the HSC Regional Emergency Social Work Service (RESWS) will work with the PSNI to ensure the immediate protection of the Adult at Risk and/or a child/children.

It will be the responsibility of the RESWS to either update the relevant HSC DAPO if the person is already known to HSC, or to make a referral to the Adult Protection Gateway Service (Appendix 2 RESWS contact details).

Where PSNI identify an adult at risk and have a welfare or care concern that falls outside the Joint Protocol, consideration should be given to whether a referral to HSC Trusts might be appropriate. General referrals in relation to an adult at risk can be made to local Trust offices.

c) Referrals to PSNI by HSC Trusts

In all cases of alleged or suspected harm caused by abuse, exploitation or neglect of an adult in need of protection which constitutes a potential crime, a report to PSNI should be made **except where there is clear and compelling evidence which supports a decision not to report** (see below).

In situations where there is a potential relevant offence under Section 5 of the Criminal Law Northern Ireland Act 1967, HSC Trusts **must** report the matter to the PSNI. (See Appendix 8 Section 5 Criminal Law (Northern Ireland) Act 1967)

The adult in need of protection should always be advised of their right to have the incident reported to the PSNI for investigation. However, if they withhold consent to the referral to the PSNI, then immediate consideration should be given to the balance between the individual's human rights and the obligation to address the risks to the individual and/or others, including children.

Issues in relation to the individual's capacity to consent should be considered (Appendix 7 Human Rights Consent and Capacity) alongside the HSC Trust's legal obligation to report the matter to the PSNI.

No action should be taken until the Joint Agency Consultation (see below) takes place.

Section 2 of this document provides detailed guidance for HSC Trust DAPOs in relation to referrals to PSNI.

In all emergency cases there should be no delay in contacting PSNI via telephone using the 999 telephone number.

The central point of contact for all other reports/referrals to the PSNI is the Central Referral Unit (CRU). Referrals to PSNI CRU will be made by forwarding an AJP1 form to the CRU. This must only be done via secure email using the Criminal Justice Secure Messaging (CJSM) system. All related correspondence must be sent via the same secure system (Appendix 3 PSNI Contact Details; Appendix 14 Adult Joint Protocol Forms).

d) Referrals/Reports to HSC Trusts and/or PSNI by RQIA

RQIA have a responsibility to identify issues that may have an impact on the wellbeing and welfare of adults at risk and to address safeguarding concerns in relation to regulated services. RQIA have a range of mechanisms in place to respond to and address such issues (Appendix 5 RQIA Contact Details and list of RQIA Regulations).

Where there is a concern regarding an individual or group of individuals, RQIA should consider whether this has been caused by abuse, exploitation or neglect. In these circumstances a report to the relevant HSC Trust should be made.

In situations where there is an alleged or suspected concern which constitutes a potential crime, consideration should be given as to whether a referral to the HSC Trust should be made alongside a report to the PSNI. RQIA will make an immediate report to the PSNI if there is an imminent risk to any service user.

1.8 Escalation Arrangements

At any point of the Joint Protocol process where an adult in need of protection and/or their family have a concern regarding how the situation is being handled by any agency, that agency's arrangements for addressing such concerns should be implemented. This can include, for example, local resolution, escalation through the line management structure, or application of the relevant complaints procedure. If the concern remains unresolved, it can be referred to either the Ombudsman for HSC Trust issues or the Police Ombudsman for Northern Ireland.

In the majority of situations it is hoped that positive outcomes will be achieved for the adult in need of protection through effective joint working.

Where there is a difference of opinion between agencies regarding how a case is being managed, every effort should be made to resolve this locally.

In the event that a situation cannot be resolved at this level the following process should be followed:

Within HSC Trusts:

The process of escalating a concern regarding how a case is being managed will involve raising the matter with the following Trust officers in sequence as required:

- DAPO
- DAPO's professional supervisor
- Adult Safeguarding Lead in the relevant Programme of Care
- Trust Adult Safeguarding Specialist Manager (TASS)
- Co-director/ Assistant Director / LASP Chair
- Executive Director of Social Work.

Within the PSNI:

The process for escalating a concern regarding any aspect of the management of a case is as follows and should again be followed in sequence as required.

At point of referral to CRU:

- CRU Sergeant
- CRU Inspector
- CRU Chief Inspector.

Following allocation of a case:

- Sergeant in relevant PSNI branch, i.e. Public Protection branch, CID
- Inspector in relevant PSNI branch or nominated Adult Safeguarding PSNI Lead within Branch
- relevant Chief Inspector

- Chief Inspector with regional responsibility for Adult Safeguarding.

Within the RQIA:

- Inspector aligned to the Regulated Service Provider
- Senior Inspector
- Head of Inspection

There is an expectation that escalation within each organisation will result in senior managers linking with their equivalents, i.e. Trust Adult Safeguarding Leads in each programme would link with the relevant PSNI Inspector.

If a Joint Protocol process has been initiated or a joint agency investigation is taking place, any relevant information arising from a Review should be shared with the other agency/agencies involved.

The framework for requesting a review as detailed above does not exclude normal line management reporting responsibilities.

SECTION 2 Joint Agency Working

2.1 Thresholds for referral to PSNI

The Joint Protocol outlines the thresholds within which a report **must** be made to PSNI and also provides a framework for consideration of a decision not to report to PSNI. The thresholds are intended as a guide for the HSC Trust DAPO and are not intended to be used as exclusion criteria. In some situations a Joint Agency Consultation will be the most appropriate way forward in determining whether a criminal offence may have been committed and/or whether a criminal investigation is required.

All harm is unacceptable and will require and receive a safeguarding response. The nature of that response will be determined by a range of factors. A critical first consideration is whether or not the harm constitutes a criminal offence.

A crime is a breach of the criminal law which is contained in statute or of common law. Not all harm constitutes a crime and only when a criminal offence is suspected is the Joint Protocol applicable.

Where harm constitutes a potential criminal offence the Joint Protocol seeks to ensure that the adult in need of protection has equal access to the criminal justice system. When a report of a potential criminal offence is made PSNI and HSC Trust Adult Protection Gateway Services will work together to:

- a) support the individual through the criminal justice process; and
- b) collaborate to ensure their welfare and protection needs are identified are addressed.

The Joint Protocol recognises that conflict that can arise when an adult in need of protection, who has capacity to give informed consent, withholds that consent to a police referral.

The HSC Trust DAPO has a significant role and responsibility in balancing the individual's human rights, which include the right to choice, with the obligation to address the risks to the adult in need of protection and/or others including children.

The Protocol is predicated on the principle of reporting alleged or suspected criminal acts to PSNI. Any decision by a DAPO not to report an incident which may constitute a possible crime is a serious and significant decision which must always be supported by clear rationale.

2.2 Roles and Responsibilities of the HSC Trust DAPO

The role of the HSC Trust DAPO is to screen the referral and any other available information to ensure that all relevant HSC adult protection processes are implemented as applicable (Section 3 HSC Adult Protection Processes).

The safety of the person who is being abused is paramount. Appropriate action **must** be taken to safeguard the adult in need of protection. This should involve consultation with, and consent of, the individual concerned.

Where there is a concern regarding imminent danger to an adult in need of protection the HSC Trust DAPO must consider whether an immediate report to PSNI should be made.

When a potential crime has been committed, the HSC Trust DAPO will decide if there is a duty to report a relevant offence as outlined in the Criminal Law Act 1967 Section 5 (Appendix 7

Where any crime is suspected the issue of possible PSNI involvement should be discussed with the adult in need of protection. Their consent for contact with the PSNI should be sought and details of the nature and content of that contact should be provided.

The adult in need of protection should be provided with as much information as possible to assist them in making an informed decision about how they wish the situation to be handled, including information on their right to make a report to the PSNI. Details of all support available through the course of any investigation should also be provided.

Where there is a query regarding the capacity of the adult to make an informed decision regarding whether to report to the PSNI, the HSC Trust DAPO should ensure that every effort is made to maximise their capacity to make this decision.

In all situations where the individual and/or their family take the view that a report to the PSNI should be made, the HSC Trust should facilitate and assist them with this report.

The HSC Trust DAPO is responsible for ensuring that the adult in need of protection's views and all other relevant information inform professional judgements as to any further action to be taken. They must give full consideration to issues of consent and capacity in every case and in every circumstance (Appendix 8 Human Rights, Consent and Capacity).

In situations where the individual lacks capacity to make an informed decision regarding a report, the HSC Trust DAPO should ensure that, where appropriate, the individual's family are consulted.

Where the individual lacks capacity to make an informed judgement and he/she has no family, the HSC Trust DAPO should ensure that 'best interest' principles are applied. This can also apply in circumstances where the family of the adult in need of protection do not agree with a referral to the PSNI. In some situations use of an independent advocate may also need to be considered and/or legal advice sought.

Actions to protect the individual or other adults in need of protection or children should not be delayed pending any assessment of capacity.

Decisions taken to report to PSNI without the consent of the adult in need of protection are serious and significant decisions. The HSC Trust DAPO will need to consider whether undue influence or coercion have been factors influencing the individual's decision.

In making these decisions the HSC Trust DAPO must balance the individual's human rights under Article 8 (Right to Private and Family Life) within the context of possible risk to the individual or others at risk or children. A decision not to make a complaint to the PSNI may be outweighed by the need to ensure that other adults are given the full protection available to them under Article 3 (Prohibition of Torture, Inhuman or Degrading Treatment) **OR** where the HSC legal obligation is to report a relevant offence.

In these circumstances any decision to report a concern to the PSNI against the expressed wishes of the adult in need of protection should be based on careful consideration of the exercise of both these Articles which indicates that there are reasonable grounds for such a report to be made. The referral to the PSNI should record the basis for this determination. (Appendix 7 Human Rights, Consent and Capacity; Appendix 8 Definition of Relevant Offence)

2.3 Joint Protocol Pathways

The HSC Trust DAPO, in applying the Joint Protocol, has three possible pathways to consider. They should use the following options to achieve the best possible outcome for the adult in need of protection.

- A.** There is a potential crime which must be reported to PSNI
- B.** There is a need for a Joint Agency Consultation with PSNI CRU to determine the most appropriate course of action

C. The criteria for reporting to PSNI under the Joint Protocol are met

A. There is a potential crime which must be reported to PSNI

In the following situations there **must** be a report of the incident to the PSNI:

- An adult in need of protection is in **imminent danger** and there is a need for an immediate report to PSNI

OR

- There has been an incident which may constitute a **relevant offence** under Section 5 of the Criminal Law Act (NI) 1967 (Appendix 8)

OR

- Referral information clearly states the adult in need of protection wishes or has consented to PSNI involvement

OR

- The referral information clearly states that the adult in need of protection lacks capacity to give informed consent to PSNI involvement and family members and/or professionals involved take the view that PSNI involvement is required.

When considering the urgency of the response required the following should be used as appropriate:

- 999 call – if an imminent danger has been identified
- CRU (Central Referral Unit) via email on CJSN system (Mon-Fri 8am-9pm; Sat & Sun 9am-5pm)
- Outside the CRU hours call 101 if required (non-emergency)

Incidents which may constitute a relevant reportable offence and which must be referred to the PSNI

In some situations it will be evident from the outset that a relevant offence has occurred. In other situations, assessment, professional judgement and joint agency consultation will be required to properly determine this. For example a situation where both adults at risk lack capacity and are found in bed together does not necessarily mean that a sexual offence has been committed. A professional assessment should take place to decide the most appropriate response.

- **Physical assault**

Any form of assault is unacceptable. There are a range of potential offences which include common assault, assault occasioning actual bodily harm, grievous bodily harm, and grievous bodily harm with intent, attempted murder, manslaughter and murder. However in terms of relevant offences, common assault is not a relevant

offence under section 5 of the Criminal Law (Northern Ireland) Act 1967 (as it attracts a sentence of less than 5 years).

- **Sexual offences**

Most sexual offences will be relevant offences under section 5 of Criminal Law Act (Northern Ireland) 1967. The DAPO as part of the professional assessment should ascertain whether any non-consensual sexual activity has occurred and taking into consideration the views of the alleged victim and/or their next of kin determine whether harm has taken place.

- **Domestic abuse incidents**

The definition of domestic violence and abuse incorporates issues such as forced marriage, female genital mutilation and honour based violence, as well as abuse of adult in need of protection within the family or by an intimate partner.

However not all acts which may amount to domestic abuse constitute criminal offences. For example psychological abuse, name calling or controlling behaviour are not criminal offences per se but may still require an alternative safeguarding response.

Whether a criminal offence has been committed will depend on the circumstances of each individual case. In all domestic violence cases the CAADA/DASH/RIC form **must** be completed to determine whether a referral to MARAC is required and/or serious harm has been caused which requires a report to the PSNI.

- **Financial abuse incidents**

Where there are reasonable grounds to suspect that a crime has been committed or there is an allegation of fraud, theft and/or misuse of finances.

- **All cases of Human Trafficking and Modern Slavery**

Most cases of human trafficking and modern slavery will be complex in nature and may involve serious organised crime where the risk to victims and /or others can be significant. Therefore consultation with the victim and PSNI should take place and the wider public interests must be taken into consideration. The HSC Trust DAPO should seek further advice from the HSC Trust Lead officer for cases of human trafficking and modern slavery.

- **All cases where the person alleged to have caused the harm is a paid employee or a volunteer in a position of trust and there is a reasonable suspicion that a crime has been committed.** Where poor practice may constitute ill-treatment or wilful neglect, consideration may need to be given to Article 121 of the Mental Health (Northern Ireland) Order 1986. (Appendix 9)

Not all incidents of poor practice constitute serious harm and/or an offence but may still require an alternative safeguarding response.

- **Institutional abuse** can take many forms, ranging from issues associated with poor practice to situations where serious harm may have been caused and/or a criminal offence may have been committed.
- **Historical abuse** can relate both to childhood abuse or past abuse in adulthood. The main forms of historical abuse to date have been sexual, physical, financial and institutional abuse. In cases of alleged historical childhood abuse, the lead agency will be the PSNI.

However if the adult is considered to be an adult at risk, HSC Trusts should consider whether the individual would benefit from the support offered through the Joint Protocol process. In these cases it is essential that there is robust joint agency consultation between PSNI CRU and the Adult Protection Gateway Service. Child Protection Gateway Services should be involved as appropriate.

In cases of historical child abuse, a PJI1 form (Appendix 14) should be completed and forwarded to the PSNI using the secure email CJSM system. Where the professional assessment indicates that the adult in need of protection will require the support mechanisms offered via the Protocol process, this should be recorded on the PJI1 form clearly stating that the Pre-Interview Assessment and Achieving Best Evidence processes should be followed.

Where there are reasonable grounds to suspect that a relevant offence has been committed, the HSC Trust has a legal obligation to report the matter to the PSNI. However this does not negate the HSC Trust responsibility to ensure that all human rights obligations are fully considered.

In order to meet these obligations there is a clear and explicit requirement for the DAPO to ensure that the HSC Investigating Officer (IO), where it is safe to do so, engages with the adult in need of protection to discuss the incident and their view on any action to be taken.

Where the individual does not want to make a report to the PSNI and the professional view is that a relevant crime may have been committed, there must be evidence of the rationale for any decisions to report the matter to the PSNI. This rationale should be recorded on the Regional ASP and Joint Protocol AJP forms (Appendix 14 AJP Forms).

B. There is a need for a Joint Agency Consultation with PSNI CRU to determine the most appropriate course of action

Where there are reasonable grounds to suspect that an adult in need of protection may be a victim of a potential criminal offence and there is uncertainty regarding the

most appropriate course of action, a Joint Agency Consultation should be considered. The views and wishes of the individual should be sought and a full explanation of the process provided.

Where the individual withholds consent to a Joint Agency Consultation, the HSC Trust DAPO may need to consider seeking legal advice on the appropriate way to proceed.

The purpose of a Joint Agency Consultation is for the HSC Trusts and PSNI to work together to reach an informed decision regarding the best possible outcome for the adult in need of protection. It ensures and facilitates an early exchange of relevant information.

This consultation should involve the relevant HSC Trust DAPO and the PSNI CRU officer and should determine whether a PSNI investigation is required and if so whether this should be a joint agency investigation.

Referrals for a Joint Agency Consultation should be made using the AJP1 form (Appendix 14). This form must be forwarded via the CJSN secure email system. On completion and forwarding of the AJP1, the referrer should make contact with the PSNI CRU and the process of Joint Agency Consultation will begin.

Not all consultations will automatically result in a police investigation. However they will be treated as a potential crime and as such will be issued a crime reference number.

Careful consideration will need to be given to all available information including active consideration of the views and wishes of the adult in need of protection and/or their family and relevant others as appropriate.

PSNI, as the lead agency in relation to criminal matters, will have a pivotal role in determining whether a criminal investigation needs to take place. Nevertheless, it is anticipated that there will be joint agency discussion and decision making.

PSNI CRU, like the HSC Trust DAPO, will need to consider issues of consent, capacity and human rights when deciding what action needs to be taken. Where a criminal investigation is to proceed against the expressed wishes of an adult in need of protection, there should be clear evidence and record of the balancing of rights and a rationale to support any decision taken.

The detail of any decision and rationale should be recorded by PSNI CRU on the AJP1 form (Section 3 and Appendix 14), along with details of agreed actions to be taken. The Joint Agency Consultation must agree a decision as to the way forward. This should not preclude an interim protection plan being implemented if required. The AJP1 outcome will be forwarded to the DAPO by PSNI.

Outcome of an Initial Joint Agency Consultation

There are a number of possible outcomes from a Joint Agency Consultation:

1. There is insufficient information available to make a decision.

In such cases the PSNI/CRU must provide detailed instructions regarding any additional preliminary information to be gathered by the HSC Trust. It will be for the PSNI to ensure that an effective balance is drawn between seeking sufficient information from the HSC Trust to make an informed judgement and not jeopardising a possible PSNI investigation.

2. Single agency HSC Trust adult protection investigation

Where a single agency HSC Trust investigation is considered to be the appropriate response, HSC Trust staff should refer to the Adult Safeguarding Operational Procedures (2016) for detailed guidance on conducting a single agency HSC Trust adult protection investigation. The decision to conduct a single agency investigation should be kept under review as new information may indicate a need to reconsider the decision in relation to the Joint Protocol.

3. Single agency PSNI investigation

Where a single agency PSNI investigation is considered to be the appropriate response, PSNI officers should refer to Police Service Procedures.

During a single agency PSNI investigation, where appropriate the HSC Trust will respond to any adult safeguarding or protection issues identified. Strategy discussions/meetings provide a forum in which any potential conflict between safeguarding adults in need of protection and criminal investigations can be discussed and resolutions agreed.

The PSNI should continue to liaise with the relevant HSC Trust DAPO in relation to any adult safeguarding or protection issues. The HSC Trust will co-operate with any PSNI request to provide a Specialist Interviewer.

4. Joint Agency collaborative working

In some cases both the PSNI and the HSC Trust will have a role. In these circumstances close liaison and communication between the two agencies and an agreed action/strategic plan will be required. This plan should, at a minimum, include:

- Clarification of the roles and responsibilities of the two agencies including details of nominated officers
- Details of the communication strategy between the two agencies

- The communication strategies with victims, carers and families and when applicable with RQIA and service providers. This should include agreed time scales and details of the named staff responsible for this
- Details of the agreed actions and sequencing of actions with associated timescales
- Arrangements for ongoing adjustments and review of the action plan

Outcomes should be formally agreed and joint agency decisions taken regarding closure.

PSNI must inform the HSCTrust DAPO of the outcome of any single agency investigation. This will allow the HSCTrust to consider if there are any additional actions and/or protective measures required.

5. Joint Agency investigation involving the PSNI and HSC Trust.
In some cases where the PSNI are taking the lead investigative role but the HSC Trust continue to be involved with the adult(s) in need of protection; joint agency collaborative working will be required.

In joint agency investigative interviews involving the HSCTrust and PSNI, the requirements in relation to collaborative working will apply (See Section 2.3).

6. No further action under the Joint Protocol.
PSNI, HSC Trusts and/or RQIA will need to consider possible alternative responses or support mechanisms, e.g. enforcement action by RQIA.

C. Criteria for NOT reporting to the PSNI using the Protocol for Joint Investigation of Adult Safeguarding Cases

There is always a need for a balanced and proportionate response to concerns. In some instances it will be clear from the outset that the harm or likelihood of harm caused by abuse, exploitation or neglect does not meet the threshold of criminality and that a single agency response under adult protection procedures is more appropriate.

In other situations referral information can be limited and where there is insufficient information to determine what is the appropriate course of action careful consideration must be given to how to proceed. (See section 3.2)

Where the threshold for a potential criminal offence is met the HSC Trust position is that reports to PSNI should be made.

In circumstances where the adult in need of protection has the capacity to make an informed decision and withholds consent to a report being made to the police, attention must be paid to the individual's right to respect, dignity and choice.

A first consideration for the DAPO will be whether there is a legal obligation to report to the police under Section 5 of the Criminal Law Act (NI) 1967 (Appendix 8).

Where there is no legal obligation to report the matter, the DAPO will need to balance the HSC Trust's broad position of reporting to the PSNI with the individual's human rights and, if applicable, the rights of others. The nature of the incident, its impact on the individual and/or others and likelihood of reoccurrence are among a number of factors which must be taken into consideration. Full consideration of all legal obligations will be required when determining the actions to be taken. The DAPO should ensure that a comprehensive risk assessment is conducted to support decision making.

A decision not to report an incident to the PSNI is a serious and significant decision and therefore only HSC Trust DAPOs who have conducted or co-ordinated an initial professional assessment will have the authority to make these decisions.

In making the decision **NOT** to report to the PSNI, the HSC Trust DAPO must as a minimum demonstrate consideration of the following:

- The adult in Need of protection has capacity to make an informed decision and does not want to make a complaint to PSNI. Full consideration will need to be given to all elements of consent, capacity and human rights, including issues of undue influence and possible coercion (Appendix 7 Consent/Capacity/Human Rights).

AND

- The Trust is not required by law to make a referral to PSNI (if the potential offence committed is not a relevant offence under Section 5 of the Criminal Law Act (NI) 1967 (Appendix 8 Section 5 Criminal Law (Northern Ireland) Act 1967)

AND

- It is a minor incident. A comprehensive assessment of all the factors **MUST** be completed to evidence a thorough risk assessment of these cases. This will include consideration of whether repeat incidents have occurred and/or whether other adults at risk or children have been or are likely to be at risk of harm (Appendix 6 Factors to be considered in the assessment of the seriousness of Harm and Risk of Harm)

AND

- The situation is being managed through an adult safeguarding process and/or there are other protective measures in place

The HSC Trust DAPO must ensure that **all** the above criteria are met and take into consideration any other relevant information. The rationale for a decision not to report an incident to PSNI must be clearly evidenced and recorded on the Regional Adult Joint Protocol forms (Appendix 14).

Where the individual lacks capacity to give informed consent and their next of kin take the view that a report should not be made to the PSNI, this should be adhered to, provided all other above criteria are met and this decision is consistent with best interest principles.

Under NO circumstances should any adult in need of protection's request for a report to be made to PSNI be refused. The entitlement of all individuals to equal access to the justice system is absolute and begins with a report to PSNI.

2.4 Factors to be considered when the person alleged to have caused harm is themselves an Adult at Risk

The HSC Trust will have responsibility in situations where the person alleged to have caused the harm is also an adult at risk. The HSC Trust should take into consideration the human rights and need for protection for this individual. The HSC Trust responsibility in relation to protection remains a constant, irrespective of which pathway the investigation takes i.e. adult safeguarding, adult Protection, PSNI only or joint investigation.

The HSC Trust DAPO should consider the likelihood that the person causing the harm may present an ongoing risk to the victim and/or others including children

In situations where the victim or the victim's family decide not to make a complaint to the PSNI the HSC Trust DAPO should consider:

- The criteria for not reporting to PSNI
- The need for a Joint Agency Consultation

Obligations to report serious harm which may constitute a relevant offence to the PSNI continue to apply.

In all situations where a report is being made to the PSNI, the fact that the person causing harm is also an adult at risk should be clearly highlighted. The PSNI should also be advised if there is a concern that the adult at risk and/or the individual who is

alleged to have caused harm, may not have the capacity to engage in a PSNI interview and to give legal instruction.

There should be no assumptions made about an individual's capacity, even in situations where there is an existing diagnosis affecting cognitive functioning such as dementia or learning disability. Each case should be assessed on an individual basis to determine the person's level of cognitive functioning, whether the harm caused was intentional or unintentional and whether the person can be reasonably held accountable for their actions (Appendix 7 Human Rights, Consent and Capacity).

Capacity assessments should be carried out by an appropriately trained professional. In cases where the person alleged to have caused harm is themselves an adult in need of protection and is already known to specialist services the professional involved may be able to provide an informed opinion in relation to the individual's capacity.

Capacity assessments/reassessment should consider as a minimum:-

- The extent to which the person causing harm is able to understand his/her actions and whether there is an awareness of or intent to cause harm; and
- Whether the behaviours of the person causing harm may be associated with learning disability, mental ill-health or dementia.

In situations where the adult at risk has allegedly caused harm and is deemed to lack capacity to understand his/her actions, the harm was unintentional and does not constitute serious harm or a relevant offence, then consideration should be given to whether a single agency HSC Trust investigation may be a more appropriate response than a PSNI investigation.

In all cases where serious harm has occurred or where the potential offence reaches the threshold of a serious relevant crime, a Joint Agency Consultation with PSNI CRU must take place.

The Public Prosecution Service (PPS) will provide early direction to PSNI in relation to whether a fast track disposal can be considered (Appendix 4 PPS Test for Prosecution). In all cases where PSNI are involved a case file should be prepared by the PSNI.

In certain types of offences the PSNI can consider Discretionary Disposal. In these instances the decision regarding Discretionary Disposal is for the adult in need of protection and/or their family the detail regarding resolution is reliant on the person alleged to have caused the harm acknowledging wrong-doing and complying with the protection plan and any sanctions agreed.

In cases which require the PSNI to submit a case file to the PPS, the PSNI should liaise at an early stage with the PPS to ascertain whether a full investigation file is required to be submitted for consideration or whether a streamline file would suffice.

In any event the file submitted should provide a comprehensive record of all the relevant information and actions taken. The case file should also clearly identify if the person alleged to have caused the harm is an adult at risk and has been assessed as lacking capacity to understand the consequences of his/her actions.

In some situations the adult at risk who is allegedly causing harm will already be known to the HSC Trust and may be resident in a care setting (Residential/Nursing Home, specialist hospital or specialist facility) or in receipt of community services. In light of any identified concerns a full reassessment of this adult at risk's needs should always be conducted.

Where the victim and person alleged to have caused the harm are both considered to be adults at risk and are in the same environment, effective risk management is critical. The likelihood that the person causing the harm will present an ongoing risk to the victim and/or others including children must be considered by the HSC Trust DAPO under both the Adult Protection Operational Procedures and the Joint Protocol.

In situations where the PSNI are the first responders and have concerns that the person allegedly causing harm is an adult at risk, it is their responsibility to make a professional judgement as to whether a referral should be made to the appropriate HSC Trust.

At a minimum this judgement should consider the needs, capacity and consent of the individual and whether there are wider protection issues in relation to other Adults at Risk or children.

SECTION 3

3.1 HSC Trust Adult Protection Processes

The following grid outlines the HSC Trust Adult Protection Processes to be followed in cases where there is a concern that harm caused to an adult in need of protection which may constitute a potential criminal offence.

Stages in Joint Protocol Process	Decision	Action	Decision Process	Forms
Stage 1 DAPO screens referral to determine if Adult Protection criteria is met	a) Criteria not met	Refer to appropriate service/agency	Complete appropriate referral	Record decision on Regional Adult Protection forms
	b) Criteria met	Proceed to Stage 2		Record decision on Regional Adult Protection forms
Stage 2 DAPO assesses referral information to determine if a potential crime has been committed	a) Where the referral information clearly states that the adult in need of protection and/or their next of kin wants to make a complaint to the PSNI (section 2.2)	DAPO will ensure that the individual is supported in making a report to the PSNI	DAPO ensures that an immediate report is made to PSNI: - 999 if there is imminent danger to a person. - In all other cases report to CRU (Mon-Fri 8am-9pm; Sat & Sun 9am-5pm) - 101 at all other times PSNI and the DAPO will consult with the person and decide what level of response is required	Record decision on Regional Adult Protection forms DAPO completes AJP1 section 1 & 2 and forwards to CRU without undue delay
	b) Insufficient information to make decision	DAPO considers follow up actions required (section 3.2)	The DAPO will consider the additional information and decide whether a potential crime has or has not been committed and follow either (b), (c) or (d)	Record on Regional Adult Protection forms
	c) Potential crime NOT identified	Proceed to Regional Adult Protection Procedures	DAPO initiates single agency Adult Protection investigation	Record on Regional Adult Protection forms
	d) Potential crime identified	Trust DAPO applies threshold criteria (see section 2)	The DAPO should also consider potential additional factors e.g. - the person alleged to have caused harm is themselves an adult at risk. DAPO also needs to consider the needs of this person (see section 2.4) - the case may constitute organised or multiple abuse (see section 6) Proceed to Stage 3	Record decision on Regional Adult Protection forms

Stages in Joint Protocol Process	Decision	Action	Decision Process	Forms
Stage 3 Trust DAPO applies threshold criteria to the specifics of referral and considers which of the three options should be implemented (section 2)	<u>Option 1</u> Potential Crime which must be reported to the PSNI (see section 2)	DAPO ensures that the adult in need of protection is informed of requirement to make report to the PSNI	DAPO ensures that in completion of the AJP1 all the individuals and/or others human rights are considered. The rationale for decisions should be recorded (section 2 & Appendix 8)	DAPO completes AJP1 form sections 1 & 2 and forwards to CRU without undue delay via CJSM system DAPO contacts CRU to discuss referral and agree action plan. CRU officer completes AJP1 section 3 and forwards to DAPO on same day
		Where criteria for relevant offence / reportable crime are met, DAPO proceeds to report to PSNI. (see section 2)	DAPO should consider whether there is a need for an immediate report to PSNI via 999 (if there is imminent danger to a person). In all other cases report to CRU (Mon-Fri 8am-9pm; Sat & Sun 9am-5pm) and 101 at all other times (see Stage 4)	Recorded on Regional Adult Protection and AJP forms
	<u>Option 2</u> Joint Agency Consultation	Where the HSC Trust DAPO requires clarification on whether there is a need for a Police investigation, the joint agency consultation process should be initiated. HSC Trust DAPO must provide information on views and wishes of the individual and/or family if applicable. This should be central to the decision making for both agencies. The PSNI expertise in criminal offences will inform this decision (see section 2)	The joint agency consultation should agree a decision as to which option is most appropriate and any actions which are required. There are a range of options which can be considered (see section 2). The decisions regarding which option is agreed should be clearly recorded. If the decision is for joint agency collaborative working, proceed to Stage 4 . Single Agency Trust investigations follow the Regional Adult Safeguarding Operational Procedures – Adults in Need of Protection.	CRU completes AJP1 section 3 and forwards to HSC Trust DAPO on same day
	<u>Option 3</u> NOT reporting case to PSNI	HSC Trust DAPO applies criteria for NOT reporting potential crime to PSNI (see section 2)	Where the criteria for NOT reporting is met HSC Trust DAPO follows Regional Single Agency adult protection procedures. Decision not to report must be kept under ongoing review	The rationale for a decision NOT to report an incident to PSNI must be clearly evidenced and recorded on the Regional Adult Protection Procedures forms by the HSC Trust DAPO.

Stages in Joint Protocol Process	Decision	Action	Decision Process	Forms
Stage 4				
Joint Agency Collaborative Working	Joint Agency strategy discussion / meeting following CRU allocation of case to appropriate PSNI Sergeant	<p>HSC Trust DAPO co-ordinates Joint Agency Strategy discussion / meeting</p> <p>Contact made between PSNI Sergeant and agrees Interim Protection Plan</p> <p>All immediate protection measures required should be taken in liaison with the PSNI</p> <p>HSC Trust DAPO ensures that adult in need of protection is informed of the report to the PSNI and their views are considered and recorded on Regional Adult Protection forms and the AJP forms</p>	<p>HSC Trust DAPO agrees interim protection measures as part of strategy discussion / meeting with PSNI Investigating Officer</p> <p>Joint agency agreement in relation to:</p> <ul style="list-style-type: none"> - lead agency in investigation - Clarify roles and responsibilities - Identify key PSNI and Trust Investigating Officers - Agreed investigation plan - Agreed communication strategy 	HSC Trust DAPO records decision in both the Regional Adult Protection forms and the AJP2 form
PIA and ABE				
Joint Agency Investigation Process PIA and ABE Planning	Joint Agency investigation planning	<p>HSC Trust DAPO and PSNI agree to proceed to PIA</p> <p>Specialist Interviewers identified</p> <p>Where appropriate, ABE arranged</p> <p>PSNI consider referral for Registered Intermediary</p>	Joint Agency consideration of need for PIA and ABE interview (Section 5)	<p>AJP3 completed if PIA agreed</p> <p>AJP4 and AJP4(a) if ABE interview required</p>

Closure				
Stage 5 Exit Joint Protocol Investigation	No further action under Protocol	Agreed by all agencies involved in investigation		Decisions recorded on AJP5
	PSNI single Agency Investigation	PSNI responsibility		Decisions recorded on AJP5
	PSNI progresses file to PPS	PSNI responsibility		Decisions recorded on AJP5
	Trust Single Agency Investigation	Trust continues single agency protection planning / agreed actions as appropriate		Decisions recorded on AJP5
	RQIA single agency	RQIA continues to consider regulatory issues and enforcement options as appropriate		Decisions recorded on AJP5

3.2 Initial Decision Making by HSC DAPO where there is insufficient information

Where the HSC Trust DAPO is unable to make an informed decision as to whether a report to the PSNI is appropriate, the following range of options can be considered as part of the preliminary information gathering under the adult protection process:

- Further clarification to be sought from referrer and/or relevant others as part of a preliminary screening process;
- Allocation of the case to an HSC Trust IO for an initial assessment and/or implementation of an Interim Protection Plan

Rationale for Initial Decision Making

The HSC Trust DAPO may decide that an initial Trust single agency assessment or intervention is required. There should be a clear rationale to support this decision which may include:

- There is insufficient information regarding whether serious harm has been caused
- or***
- There is no indication from the information currently available that a relevant crime and/or a reportable offence has been committed
- or***
- There are safety concerns regarding the adult in need of protection and the HSC Trust considers that it is best placed to take immediate action to assess and/or manage this risk. The safety of any adult at risk/in need of protection or children will always be paramount in any investigation process. (The DAPO must also consider whether there are any safety issues for staff)
- or***
- There is insufficient information to determine if the adult in need of protection has the ability to give informed consent and there are no immediate protective actions required or actions under relevant offences.
- or***
- There are queries regarding the reliability of the information and further checks need to be carried out.

The list above is not exhaustive. Decisions need to be taken on a case by case basis and the application of professional judgement will be critical.

However there should be no delay in establishing whether there is a protection issue to be addressed.

The HSC Trust DAPO is required to consider whether an early referral to the PSNI is appropriate. The HSC Trust DAPO needs to be mindful not to jeopardise a potential PSNI investigation and all actions taken must be considered in this context. If there is the potential to secure forensic evidence and/or possible investigative opportunities, there should be no delay in making a report to the PSNI.

If the HSC Trust DAPO takes the decision that there a need for an initial HSC Trust single agency risk assessment, the HSC Trust DAPO will appoint an IO and give explicit instructions in relation to what actions are to be taken. The HSC Trust DAPO will determine what level of information and assessment is required in order to make an informed decision regarding the nature and level of intervention.

The agreed actions should be recorded on the Regional Adult Safeguarding forms (Appendix 14).

Initial Assessment by HSC Investigating Officer

IOs conducting interviews with the adult in need of protection should be mindful not to jeopardise any potential police investigations and be aware that information obtained may be used as part of any subsequent police investigation.

An initial assessment should, as a minimum, include:

- meeting with the adult in need of protection to establish the facts of the allegation to determine whether there are reasonable grounds to suspect that a crime may have occurred;
- advising the adult in need of protection of the options available to them in terms of making an informed decision regarding their wishes;
- where the concerns constitute a possible crime, advising the adult in need of protection of their right to a referral to the PSNI and providing them with an outline of the Protocol process;
- ascertaining what course of action the adult wishes to take;
- where a **relevant offence** or other reportable offences has taken place the adult in need of protection should be advised of the HSC Trust's legal obligation to report the matter to the PSNI. At this stage particular focus should

be given to the individual's human rights and if contravention of these rights is deemed necessary the rationale for this decision should be explained to the individual and recorded using the Regional Adult Safeguarding forms.

Every effort should be made to maximise the adult's capacity to make informed decisions. However if there are issues in relation to the adult's capacity then best interests principles should be applied and, where appropriate, their carer/family should be consulted.

The rights of the adult in need of protection are of paramount importance. However when the investigation and/or protection plan have the potential to infringe on the human rights of others, focused consideration needs to be given to this issue.

Critical Factors to be considered by the HSC Trust DAPO in the assessment process

When there is sufficient information to make a professional judgement regarding whether the harm constitutes a potential crime, it is the role and responsibility of the HSC Trust DAPO to fully apply the guidance provided in Section 2.

In addition the following factors should be considered:

- where the person alleged to have caused harm is themselves an Adult at risk, consideration should be given to how best to proceed. This will include a requirement to review at the needs of the person who is alleged to have caused harm (see Section 2.4)
- where the information provided indicates that there are reasonable grounds to suspect that more than one person has been harmed or there are potentially more than one person alleged to have caused the harm, consideration should be given to whether the criteria for Organised or Multiple Abuse has been met.

While a number of cases may meet the criteria of organised or multiple abuse, it will be for the professionals involved to determine on a case by case basis whether the additional structures and supports available in these types of cases are required. Any decision not to avail of this should be agreed with senior managers and should be kept under review (Section 6 Large Scale or Complex Investigations).

- where the person under investigation is a member of staff or a paid carer there are potentially a number of investigative processes which will be required. These include a PSNI investigation, an investigation by the employing organisation, an adult safeguarding investigation and a referral to professional or regulatory body.

The interface between these investigative processes and the timescales for investigation should take into consideration the rights of the adult in need of protection and **also** the rights of the person under investigation. Any decision to delay an adult safeguarding or an agency investigation pending the outcome of a PSNI investigation should be kept under active review.

3.3 Application of Joint Protocol Threshold by HSC Trust DAPO

The HSC Trust DAPO, having made a decision based on the available information and/or the initial assessment outcome of the specific case, will determine which of the following thresholds for intervention is deemed to be the most appropriate (see Section 2)

- a) Relevant crime and/or reportable crime referred to PSNI for joint agency investigation
- b) Joint Agency Consultation with PSNI to determine most appropriate option
- c) Criteria for not reporting to PSNI are met, in which case regional Adult Safeguarding Procedures should be followed

(Appendix 10 Joint Protocol flow charts)

3.4 Joint Agency Working

In most situations it is expected that a level of joint agency collaborative working required. The nature of this will depend on the individual case and can include the HSC Trust, PSNI, RQIA and any other relevant organisations. The HSC Trust DAPO will have the lead role in co-ordinating any joint agency meetings required.

Joint Agency Collaborative Working

In cases where the PSNI are taking the lead investigative role but the HSC Trust continue to be involved with the adult(s) in need of protection, joint agency collaborative working will apply. This requires close liaison and communication between the key agencies. It is essential that all key agencies engage in strategy discussions or meetings to facilitate close communication and coordination and effective action plan.

Where the concern relates to an individual or group of individuals known to regulated services, RQIA will be a key partner in terms of joint agency working. Clarification of roles and responsibilities specific to the case and the development of an agreed action plan will be required.

Joint Agency Investigations

It is critical that in joint agency investigations the two key agencies (PSNI and HSC Trust DAPO) work together to ensure that the adult in need of protection is supported in a manner which enables them to have equal access to the justice system. This begins with a process of joint agency strategy planning.

Joint Agency Strategy Planning

The purpose of strategy planning is to:

- share and assess available information
- agree roles and responsibilities in conducting the investigation
- agree /review the interim protection plan
- gather additional information
- formulate a multi-agency plan for the assessment of risk
- address any protection issues
- address any investigation requirements
- consider referral to other agencies or services as required
- decide whether the ABE process may be applicable
- agree a communication strategy

A number of factors will determine which method is used for strategy planning, such as the urgency of the situation, the nature of the allegation, the type of investigation required and so on.

While initial strategy discussions can take place by telephone, a comprehensive planning session can only be achieved when all key personnel are present and can contribute to the risk management process. It is recommended that in most situations where joint agency working is required, a strategy planning meeting should take place.

It is essential that the PSNI and HSC Trust are present at any strategy planning meeting. Decisions regarding the need for PSNI investigation will be reviewed in light of the information provided during the course of the meeting.

Where an allegation relates to a regulated service RQIA should be invited to attend the strategy planning meeting.

Joint Agency closure of case

It is acknowledged that the closure process can be lengthy, particularly in circumstances where a file has been sent to the PPS for a decision on whether a case will be taken forward to prosecution. Therefore it is essential that the agencies involved agree a strategy of closure including communication arrangements with adults in need of protection and relevant others when appropriate. Agreed actions should be recorded by all agencies involved and communicated by the identified lead agency, with clear arrangements in place for any ongoing work.

SECTION 4

PSNI CRU Procedures when HSC Trust DAPOs make a referral and/or seek a joint agency consultation

The HSC Trust DAPO should initially provide information on the AJP1 form via CJSM. Contact can then be made to discuss the details of the case.

The PSNI CRU Constable should establish from the information and discussion whether this relates to a report of a crime to be actioned or if this is a joint agency consultation to determine whether a criminal investigation is appropriate. Record checks should be carried out to inform the decision making process. Particular attention needs to be paid to the views and wishes of the adult in need of protection where they have the capacity to make informed decisions.

Officers need to consider issues of consent, capacity and human rights. A decision to proceed with an investigation against the expressed wishes of an adult in Need of protection is a breach of human rights and therefore any decision to do so must be supported by a clear rationale.

PSNI CRU will have the lead role in determining the most appropriate course of action, however joint agency discussion and decision making should take place where possible. In complex referrals where a joint agency strategy meeting is required, PSNI CRU will not be in a position to attend. Therefore referral information will be passed to the relevant Public Protection Branch and an officer from there will attend.

Section 3 of the AJP1 form should be completed by PSNI CRU, detailing the rationale for any decisions taken and agreed actions. The completed form should be shared between the HSC Trust and PSNI. Where a decision cannot be reached regarding this matter it should be raised immediately with the PSNI CRU Sergeant before any action is taken. If the case is to be allocated for investigation by PSNI, CRU will do this in line with the PSNI Crime Allocation Policy.

Collaborative working should be a feature throughout the Joint Protocol process, both at the point of referral and on allocation. This should ensure an agreed structure in terms of the investigation and protection planning (see Section 3.3 & 3.4).

See Appendix 11 PSNI and CRU Process Flow Chart.

Internal Reporting to PSNI CRU of Adult in Need of Protection referrals

Where PSNI become aware of an Adult in Need of Protection case which meets the threshold for the Protocol they should report this to PSNI CRU without undue delay.

PSNI CRU will then complete the AJP1 form and share with the relevant HSC Trust, emailing via CJSM.

PSNI CRU will then contact the HSC Trust by telephone to discuss the referral and the normal process of liaison will take place with the appropriate HSC Trust DAPO to discuss and agree actions. Section 3 of the AJP1 will be completed and shared between PSNI and Trust to evidence this process.

Adult in Need of Protection Referred by the Public

Where a member of the public rings the PSNI, existing call handling procedures will apply. Full details should be obtained and the occurrence tasked to the PSNI CRU whiteboard. If a call of this nature is received outside PSNI CRU operating hours, consideration should be given to the urgency and seriousness of the incident. In some situations there may be a need to maximise early investigative opportunities. If an immediate police response is required an appropriate call-sign/resource should be tasked as per existing practice. In all other circumstances the matter should be tasked to the PSNI CRU whiteboard as outlined above.

On Allocation

Where matters have been agreed as a joint investigation or police only Investigation, the PSNI will allocate the case to the relevant Public Protection Unit, local policing team or Reactive & Organised Crime Unit for further investigation (Appendix 11 flow chart re PSNI and CRU Processes).

Where a strategy meeting is required the relevant PSNI Investigating Officer will be expected to attend this meeting and any other related meetings required to ensure that a co-ordinated joint agency approach which supports the adult in need of protection is taken. In joint agency investigations close communication and co-ordination in relation to the investigation will be required. It is however important to note that in a single agency police investigation there will also be a need for ongoing communication to ensure that protection needs and/or any other actions can be progressed.

In complex cases PSNI may be asked to attend to provide advice and may be required to be members of the Strategic Management Group (see Section 6, Investigation of Organised or Multiple Abuse Cases).

For full details of procedures to be followed by PSNI, Officers should refer to Service Procedure 'Adults at Risk of Harm and Safeguarding Procedures' produced by Crime Operations, Public Protection Branch.

SECTION 5

Special Measures Investigative Interviews

The Criminal Evidence (NI) Order 1999 makes special provision for the gathering of evidence from adults in need of protection or intimidated witnesses.

Detailed guidance on interviewing adults as either adults in need of protection and/or intimidated witnesses, including victims, and the use of special measures in order to enable them to give their best evidence in criminal proceedings, is contained in “Achieving Best Evidence in Criminal Proceedings: Guidance on interviewing victims and witnesses, the use of special measures and the provision of pre-trial therapy (2012)”.

Pre-Interview Assessment

In all situations where a decision has been taken to conduct a joint agency investigation PSNI and HSC Trust Specialist Interviewers should meet with the adult in need of protection and complete the AJP 3 form.

Only those staff that have completed specialist training will be eligible to conduct a pre-interview assessment (PIA).

The purpose of the PIA is to:

- establish with the individual whether they are willing to make a statement of complaint;
- discuss with the individual the options regarding how this statement may be made: video or ABE statement;
- discuss in full the investigative process and the possible use of Special Measures, including the use of a Registered Intermediary (RI) (Appendix 13). This discussion should highlight to the individual that the decision regarding whether the case goes forward to Court is a decision for the PPS. The decision regarding whether the video and/or statement or other form of Special Measures are used in Court is a decision for the trial Judge;
- discuss and agree the practical arrangements regarding conducting the ABE interview and complete the AJP4 and AJP4(a) forms (Appendix 14).

Achieving Best Evidence Interviews

Only those staff that have completed further specialist training will be eligible to undertake the role of Interviewer and Second Interviewer in special measures investigative interviews.

The purpose of an investigative interview is to ascertain the witness's account of the alleged event(s) and any other information that would assist the investigation. A well conducted interview will only occur if appropriate planning has taken place. Interviews should be planned and carried out in accordance with Achieving Best Evidence Part 3A – Planning and Preparing for Interviews. The planning of the interview should be recorded using the AJP 4 form.

NB: Interviewers must be given sufficient time prior to a special measures investigative interview to carry out this planning process.

Information obtained in the planning process should be used to:

- set the aim and objectives for the interview
- determine the techniques used within the phased interview
- agree the means by which the interview is to be recorded
- who should conduct the interview and if anyone else should be present (including support for the witness such as an Interpreter or RI)
- if anybody should monitor the interview
- who will operate the equipment
- the location of the interview
- the timing of the interview
- the duration of the interview (including pace, breaks and the possibility of more than one session)
- what is likely to happen after the interview

Consideration should also be given to who is best qualified to lead the interview. The lead Interviewer should be a person who has or is likely to establish rapport with the adult in need of protection, who understands how to communicate effectively with witnesses who might become distressed and who has a proper grasp of the rules of evidence and criminal offences. The lead Interviewer must have a good knowledge of information important to the investigation, including the points needed to prove particular offences.

The presence of a Second Interviewer is desirable because they can help to ensure that the interview is conducted in a professional manner, can assist in identifying any gaps that emerge in the witness's account and can ensure that the witness's needs are kept paramount.

Statements of Evidence (PSNI Form 38/36) recorded in special measures investigative interviews will be retained by the PSNI for evidential purposes. A copy may be provided to the HSC Trust, provided that the adult in need of protection or their representative agrees.

Where an interview has been video-recorded, the original will be labelled and secured for court purposes by the PSNI. The working copy will be available for viewing by HSC Trusts by prior arrangement only. A log will be completed on each occasion that the tape is viewed by anyone which details the reason for viewing. This will be retained with the working copy of the tape.

Arrangements for viewing the tape by persons other than the HSC Trusts, or at any subsequent court hearing, will be the responsibility of the PSNI. PSNI General Order C(c) 70/96 must be complied with.

The police officer in charge of the case will be responsible as the prime keeper of all exhibits, including any drawings, letters, notes etc. made in the course of the special measures investigative interview. The disclosure of third party material which may be relevant to an investigation must only be made in compliance with the Criminal Procedures Investigation Act 1996.

SECTION 6

Investigation of Large Scale and Complex Abuse Cases

Complex (organised or multiple) abuse may be defined as abuse involving one or more abusers and a number of related or non-related adults at risk. The alleged abusers concerned may be acting in concert to abuse adults at risk, may be acting in isolation, or may be using an institutional framework or position of authority to access adults at risk.

Such abuse occurs both as part of a network across a family or community and within institutions such as residential or nursing homes, supported living facilities, day support settings and in other provisions such as voluntary groups. There may also be cases of adults at risk being abused through the use of the internet. Such abuse is profoundly traumatic for the adults at risk who become involved. Its investigation is time-consuming and demanding work which requires specialist skills from PSNI and HSC Trust staff.

Each investigation of organised or multiple abuse will be different, according to the characteristics of each situation and the scale and complexity of the investigation. However, every investigation will require careful and thorough planning, effective inter-agency working and attention to the needs of the adult(s) in need of protection and the adult(s) at risk involved.

Some investigations become extremely complex because of the number of people or places involved and the timescale over which the abuse is alleged to have occurred.

Process for Investigation of Large Scale and Complex Abuse Cases

On receipt of information which may indicate organised or multiple abuse, the HSC Trust DAPO should immediately consider whether a report to the PSNI is appropriate. A Joint Agency Strategy Meeting with representatives from the key agencies should then take place as a matter of urgency to discuss and agree roles, responsibilities and an interim action plan.

Where the strategy meeting confirms that the investigation relates to organised or multiple abuse, a multi-agency Strategic Management Group will be appointed to oversee the process.

Strategic Management Group

The Strategic Management Group (SMG) will manage and support the investigation and provide the necessary response to the needs of both the adult(s) in need of

protection and the adults at risk. The SMG is comprised of the following core representatives:

- PSNI;
- HSC Trust DAPO;
- a senior manager from the relevant HSC Trust adult Programme of Care; and
- RQIA (where the allegation relates to a regulated service).

The SMG will be convened and chaired by the appropriate agency. SMG representatives may co-opt representation from relevant other disciplines or agencies, dependant on the type of alleged abuse under investigation.

Appropriate legal advice will be necessary and should be sought through PSNI and HSC Trust legal advisers.

Functions of the SMG

The SMG will:

- establish the principles and practice of the investigation and ensure regular review of progress against that plan;
- prioritise and allocate expedient resources to establish an Investigative Team within their respective agencies;
- ensure co-ordination between the key agencies and the Investigative Team within the HSC Trusts and PSNI. This includes resolving any interagency operational interface challenges between various established processes;
- ensure decisions of the strategy planning group are actioned in a timely manner.
- act in a consultative capacity to those professionals who are involved in the investigation;
- draw up a media strategy to respond to public interest issues and agree who will take responsibility for responding to media enquiries;
- have oversight of the agreed communication strategy/liaison with adults in need of protection/families and carers involved in the investigation;
- at the conclusion of the investigation, discuss salient features of the investigation with a view to making recommendations for improvements either in policy or in practice.
- The closing process must be signed off by the SMG in the case of a serious/complex Adult Protection situation.

Following agreement between the PSNI and HSC Trust that referral meets the criterion for organised or multiple abuse, the SMG will meet within 2 working days. Thereafter the SMG will meet as required to discuss and review the progress of the

investigation. The frequency will be determined by the complexity of the case. Managerial representation of the Investigative team will be present at each meeting of the SMG.

The aim of these meetings is to:

- Review all aspects of the strategy for investigation
- Provide advice on the appropriate strategic direction
- Ensure the continuing active co-operation of all relevant agencies
- Agree a response to victims, families and carers if appropriate
- Agree a joint media response
- Produce an accurate record of all meetings held.

At the conclusion of the investigation, the Joint Investigative Team should meet with the SMG to discuss salient features of the investigation with a view to making recommendations for improvements either in policy or in practice.

SECTION 7

Information Management / Information Sharing / Records Management

Adult Safeguarding: Prevention and Protection in Partnership Policy provides detailed information regarding requirements in relation to information management and information sharing. All organisations must comply with these requirements including PSNI, HSC Trusts and RQIA. It will be for each organisation to ensure they are meeting the requirements as detailed in this Policy. The Protocol must be considered within this context with agencies understanding their obligations within this.

In terms of record management it is important for all professionals involved in this process to keep factual, contemporaneous records and understand that these records are critical to the investigation. As records of investigations are likely to be subject to some level of review, judicial or otherwise and are also discoverable, accurate and timely record keeping is essential.

Manual/electronic record keeping should include a detailed rationale for decision making at all stages of the adult safeguarding process. This is particularly important when there are potential contraventions of an individual's Human Rights. Use of CJSM is considered an absolute requirement in this context.

SECTION 8

REFERENCES

- Safeguarding Vulnerable Adults: Regional Adult Protection Policy and Procedural Guidance
Regional Adult Protection Forum (2006)
- The Protocol for the Joint Investigation of Alleged and Suspected Cases of Abuse of Vulnerable Adults (2003 and revised in 2009)
Regional Adult Protection Forum (2006)
- Achieving Best Evidence in Criminal Proceedings (Northern Ireland)
Department of Justice (2003, revised in 2010 and again in 2012)
- Safeguarding Vulnerable Adults: A Shared Responsibility
Volunteer Now (2010),
- Adult Safeguarding in Northern Ireland: Regional and Local Partnership Arrangements
Department of Health Social Services and Public Safety (DHSSPS) and the Northern Ireland Office (now Department of Justice) 2010
- The Victim Charter (Justice Act (Northern Ireland) 2015) Order 2015;
- The Victim Charter – a Charter for Victims of Crime, published by DOJ in September 2015
- MARAC – Operating Protocol for Northern Ireland Multi-agency Risk Assessment Conferences (August 2014);
- Guidance to Agencies on Public Protection Arrangements (PPANI) Article 50, Criminal Justice (Northern Ireland) Order 2008;
- Working Arrangements for the Welfare and Protection of Adult Victims of Human Trafficking (October 2012);
- The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

SECTION 9

GLOSSARY OF TERMS

Abuse is ‘a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to another individual or violates their human or civil rights’ Abuse is the misuse of power and control that one person has over another. It can involve direct and indirect contact and can include online abuse.

ABE (Achieving Best Evidence) Interviewer – The Specialist Achieving Best Evidence Interviewer must be a professionally qualified Social Worker. The Specialist Interviewer will be responsible for planning and conducting interviews with service users who may have been the victim of a crime. These interviews will be undertaken jointly with the PSNI and in accordance with the guidance laid out in “Protocol for Joint Investigation of Adult Safeguarding cases” and “Achieving Best Evidence in Criminal Proceedings.”

Adult Protection Gateway Service – is the central referral point within the HSC Trust for all concerns about an adult who is, or may be, at risk.

Adult Safeguarding - encompasses both activity which **prevents** harm from occurring in the first place and activity which **protects** adults at risk where harm has occurred or is likely to occur without intervention.

Adult at risk of harm – A person aged 18 or over, whose exposure to harm through abuse, exploitation or neglect may be increased by their:

iii) **personal characteristics** (*may include but are not limited to age, disability, special educational needs, illness, mental or physical frailty or impairment of, or disturbance in, the functioning of the mind or brain*);

and/or

iv) **life circumstances** (*may include, but are not limited to, isolation, socio-economic factors and environmental living conditions*);

Adult in need of protection - An adult at risk of harm (above):

iii) who is **unable to protect** their own well-being, property, assets, rights or other interests;

and

iv) where the **action or inaction of another person or persons** is causing, or is likely to cause, him/her to be harmed.

ASC (Adult Safeguarding Champion) - The ASC should be within a senior position within the organisation and should be suitably skilled and experienced to

carry out the role. The ASC provides strategic and operational leadership and oversight in relation to adult safeguarding for an organisation or group and is responsible for implementing its adult safeguarding policy statement. The ASC is also the main point of contact with HSC Trusts and the PSNI for all adult safeguarding matters.

Case Conference - The purpose of the case conference is to evaluate the available evidence and to determine an outcome based on balance of probability

CRU (Central referral Unit) – The central point of referral to PSNI in relation to adult protection is based in Belfast.

CJINI (Criminal Justice Inspection Northern Ireland) - an independent legal inspectorate with responsibility for inspecting all aspects of the criminal justice system in Northern Ireland apart from the judiciary. It also inspects a number of other agencies and organisations that link into the criminal justice system

Domestic Abuse - Domestic violence and abuse is threatening behaviour, violence or abuse (psychological, physical, verbal, sexual, financial or emotional) inflicted on one person by another where they are or have been intimate partners or family members, irrespective of gender or sexual orientation. Domestic violence and abuse is essentially a pattern of behaviour which is characterised by the exercise of control and the misuse of power by one person over another. It is usually frequent and persistent. It can include violence by a son, daughter, mother, father, husband, wife, life partner or any other person who has a close relationship with the victim. It occurs right across society, regardless of age, gender, race, ethnic or religious group, sexual orientation, wealth, disability or geography.

Designated Adult Protection Officer (DAPO) – the person responsible for the management of each referral received by a HSC Trust. DAPOs will be in place both within the Adult Protection Gateway Service, and within core service teams. The DPAO will provide formal / informal support and debriefing to the Investigating Officer / ABE interviewer; analyse the adult safeguarding data within their service area and contribute to the governance arrangements as appropriate; and ensure that the connections are made with related interagency mechanisms.

DBS (Disclosure and Barring Service - helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA).

Exploitation - the deliberate maltreatment, manipulation or abuse of power and control over another person; to take advantage of another person or situation usually, but not always, for personal gain from using them as a commodity. It may manifest itself in many forms including slavery, servitude, forced or compulsory labour, domestic violence and abuse, sexual violence and abuse, or human

trafficking.

FGC (Family Group Conferencing) - A family group conference is a process led by family members to plan and make decisions for a person who is at risk. People are normally involved in their own family group conference, although often with support from an advocate. It is a voluntary process and families cannot be forced to have a family group conference.

Hate Crime - Hate crime is any incident which constitutes a criminal offence perceived by the victim or any other person as being motivated by prejudice, discrimination or hate towards a person's actual or perceived race, religious belief, sexual orientation, disability, political opinion or gender identity.

Harm - the impact on the victim of abuse, exploitation or neglect. It is the result of any action whether by commission or omission, deliberate, or as the result of a lack of knowledge or awareness which may result in the impairment of physical, intellectual, emotional, or mental health or well-being.

Investigating Officer (IO) - is a HSC Trust professionally qualified practitioner. Their role is to establish matters of fact, how best to protect the adult in need of protection and/or others, to explore alternatives available and to provide advice and support. The Investigating Officer alongside relevant professionals will be responsible for direct contact with the adult in need of protection, their carers and relevant others.

The Protocol – (Protocol for Joint Investigation of Adult Safeguarding Cases) - - The Protocol sets out a framework for joint working in a complex area of practice and emphasises the need to involve all other relevant agencies in information sharing, early assessment and the planning process. The overall aim of the Protocol is to prevent abuse by promoting a multi-agency approach to the protection of vulnerable adults, and to ensure that they receive equitable access to justice in a way that promotes their rights and well-being.

LASP (Local Adult Safeguarding Partnerships) - The five local multi-agency, multi-disciplinary partnerships located within their respective HSC Trusts.

MARAC (Multi Agency risk Assessment Conference) - It is a forum for local agencies to meet with the aim of sharing information about the highest risk cases of domestic violence and abuse and to agree a safety plan around victims.

Modern Slavery - Human trafficking involves the acquisition and movement of people by improper means, such as force, threat or deception, for the purposes of exploiting them. It can take many forms, such as domestic servitude, forced criminality, forced labour, sexual exploitation and organ harvesting. Victims of human trafficking can come from all walks of life; they can be male or female, children or adults, and they may come from migrant or indigenous communities.

NIASP (Northern Ireland Adult Safeguarding Partnership) – The regional multi-agency, multi-disciplinary partnership that brings together representatives from organisations and communities of interest who have a significant contribution to make to adult safeguarding.

NISCC (Northern Ireland Social Care Council) – is the independent regulatory body for the NISC workforce, established to increase public protection by improving and regulating standards of training and practice for social care workers.

NMC (Nursing and Midwifery Council) – is the independent regulator for nurses and midwives in England, Wales, Scotland and Northern Ireland. NMC sets standards of education, training, conduct and performance so that nurses and midwives can deliver high quality healthcare throughout their careers.

Protection Plan - A plan agreed with the adult at risk (or the person representing them or their best interests) detailing the actions to be taken, with timescales and responsibilities, to support and protect the person from harm.

Registered Intermediary - RIs have a range of responsibilities intended to help adult witnesses who are in need of protection, defendants and criminal justice practitioners at every stage of the criminal process, from investigation to trial.

RQIA (Regulation and Quality Improvement Authority) - Northern Ireland's independent health and social care regulator, responsible for monitoring and inspecting the availability and quality of health and social care services in Northern Ireland, and encouraging improvements in the quality of those services.

SAI (Serious Adverse Incident) - An adverse incident is an event which causes, or has the potential to cause, unexpected or unwanted effects that will involve the safety of patients, staff, users and other people.

Serious Harm – is a professional decision considering the impact, extent, degree, duration and frequency of harm; the perception of the person and their preferred outcome.

Single Agency Investigation – A single agency adult protection investigation is a **professional assessment** which analyses the risk of harm and serious harm, the impact of that harm on the adult in need and determines if this may have led to abuse. Such assessment requires experienced professional judgement to ensure outcomes are proportionate, necessary and lawful.

Special Measures - The measures specified in the Criminal Evidence (NI) Order 1999, as amended, which may be ordered in respect of some or all categories of eligible witnesses by means of a special measures direction. The special measures are the use of screens; the giving of evidence by live link; the giving of evidence in private; the removal of wigs and gowns; the showing of video recorded evidence in chief, and aids to communication.

SMG (Strategic Management Group) – has responsibility to oversee the process of investigation. Core representatives of SMG are PSNI; HSC Trust nominated Adult protection Gateway DAPO; a senior manager from the relevant adult programme of care; and RQIA (where the allegation relates to a regulated service).

Strategy Meeting - In complex situations the strategy discussion is normally a meeting of key people to decide the process to be followed after considering the initial available facts.

APPENDICES

Appendix 1

Definitions of Abuse, Neglect, Exploitation and Related Definitions

Abuse is 'a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to another individual or violates their human or civil rights'.

Abuse is the misuse of power and control that one person has over another. Abuse may be perpetrated by a wide range of people who are usually physically and/ or emotionally close to the individual and on whom the individual may depend and trust. This may include but is not limited to, a partner, relative or other family member, a person entrusted to act on behalf of the adult in some aspect of their affairs, a service or care provider, a neighbour, a health or social care worker or professional, an employer, a volunteer, another service user. It may also be perpetrated by those who have no previous connection to the victim. All forms of abuse may constitute a crime.

The main forms of abuse are:

Physical abuse

Physical abuse is the use of physical force or mistreatment of one person by another which may or may not result in actual physical injury. This may include hitting, pushing, rough handling, exposure to heat or cold, force feeding, improper administration of medication, denial of treatment, misuse or illegal use of restraint and deprivation of liberty.

Sexual violence and abuse

Sexual abuse is any behaviour perceived to be of a sexual nature which is unwanted or takes place without consent or understanding⁶. Sexual violence and abuse can take many forms and may include non-contact sexual activities, such as indecent exposure, stalking, grooming, being made to look at or be involved in the production of sexually abusive material, or being made to watch sexual activities. It may involve physical contact, including but not limited to non-consensual penetrative sexual activities or non-penetrative sexual activities, such as intentional touching (known as groping). Sexual violence can be found across all sections of society, irrelevant of gender, age, ability, religion, race, ethnicity, personal circumstances, financial background or sexual orientation.

Psychological / emotional abuse

Psychological / emotional abuse is behaviour that is psychologically harmful or inflicts mental distress by threat, humiliation or other verbal/non-verbal conduct. This may include threats, humiliation or ridicule, provoking fear of violence, shouting, yelling and swearing, blaming, controlling, intimidation and coercion.

Financial abuse

Financial abuse is actual or attempted theft, fraud or burglary. It is the misappropriation or misuse of money, property, benefits, material goods or other asset transactions which the person did not or could not consent to, or which were invalidated by intimidation, coercion or deception. This may include exploitation, embezzlement, withholding pension or benefits or pressure exerted around wills, property or inheritance.

Institutional abuse

Institutional abuse is the mistreatment or neglect of an adult by a regime or individuals in settings which adults who may be at risk reside in or use. This can occur in any organisation, within and outside the HSC sector. Institutional abuse may occur when the routines, systems and regimes result in poor standards of care, poor practice and behaviours, inflexible regimes and rigid routines which violate the dignity and human rights of the adults and place them at risk of harm. Institutional abuse may occur within a culture that denies, restricts or curtails privacy, dignity, choice and independence. It involves the collective failure of a service provider or an organisation to provide safe and appropriate services, and includes a failure to ensure that the necessary preventative and/or protective measures are in place.

Neglect occurs when a person deliberately withholds, or fails to provide, appropriate and adequate care and support which is required by another adult. It may be through a lack of knowledge or awareness, or through a failure to take reasonable action given the information and facts available to them at the time. It may include physical neglect to the extent that health or well-being is impaired, administering too much or too little medication, failure to provide access to appropriate health or social care, withholding the necessities of life, such as adequate nutrition, heating or clothing, or failure to intervene in situations that are dangerous to the person concerned or to others particularly when the person lacks the capacity to assess risk. This policy does not include self-harm or self-neglect within the definition of an 'adult in need of protection'. Each case will require a professional Health and Social Care (HSC) assessment to determine the appropriate response and consider if any underlying factors require a protection

response. For example self-harm may be the manifestation of harm which has been perpetrated by a third party and which the adult feels unable to disclose.

Exploitation is the deliberate maltreatment, manipulation or abuse of power and control over another person; to take advantage of another person or situation usually, but not always, for personal gain from using them as a commodity. It may manifest itself in many forms including slavery, servitude, forced or compulsory labour, domestic violence and abuse, sexual violence and abuse, or human trafficking. This list of types of harmful conduct is neither exhaustive, nor listed here in any order of priority. There are other indicators which should not be ignored. It is also possible that if a person is being harmed in one way, he/ she may very well be experiencing harm in other ways.

Domestic violence and abuse

Domestic violence and abuse is threatening behaviour, violence or abuse (psychological, physical, verbal, sexual, financial or emotional) inflicted on one person by another where they are or have been intimate partners or family members, irrespective of gender or sexual orientation. Domestic violence and abuse is essentially a pattern of behaviour which is characterised by the exercise of control and the misuse of power by one person over another. It is usually frequent and persistent. It can include violence by a son, daughter, mother, father, husband, wife, life partner or any other person who has a close relationship with the victim. It occurs right across society, regardless of age, gender, race, ethnic or religious group, sexual orientation, wealth, disability or geography.

Human trafficking

Human trafficking involves the acquisition and movement of people by improper means, such as force, threat or deception, for the purposes of exploiting them. It can take many forms, such as domestic servitude, forced criminality, forced labour, sexual exploitation and organ harvesting. Victims of human trafficking can come from all walks of life; they can be male or female, children or adults, and they may come from migrant or indigenous communities.

Hate crime

Hate crime is any incident which constitutes a criminal offence perceived by the victim or any other person as being motivated by prejudice, discrimination or hate towards a person's actual or perceived race, religious belief, sexual orientation, disability, political opinion or gender identity. Victims of domestic violence and abuse, sexual violence and abuse, human trafficking and hate crime are regarded as adults in need of protection. There are specific strategies and mechanisms in

place designed to meet the particular care and protection needs of these adults and to promote access to justice through the criminal justice system. It is essential that there is an interface between these existing justice-led mechanisms and the HSC Trust adult protection arrangements described in this policy.

Appendix 2**HSC Trust contact details**

HSC Trust	Adult Safeguarding Number
Belfast	028 9504 1744
Northern	028 2563 5512
Western	028 7161 1366
South Eastern	028 9250 1227
Southern	028 3741 2015/2354

Regional Emergency Social Work Service (RESWS)

Tel: 028 9504 9999 (Mon-Fri 5pm-9am; Saturday & Sunday)

HSC Trust Child Protection Contact Details

HSC Trust	Child Protection Gateway Number
Belfast	028 9050 7000
Northern	0300 1234 333
Western	028 7131 4090
South Eastern	0300 1000 300
Southern	0800 7837 745

Appendix 3PSNI Contact Details

Immediate report to if there is imminent danger to a person.	PSNI via 999
PSNI Central Referral Unit (CRU)	Contact Number 02890259299
CRU Hours	Mon-Fri 8am-9pm; Sat & Sun 9am-5pm
At all other times	101

Completed AJP1 form should be emailed via CJSJ secure email system to:

CRU@psni.

pnn.police.uk.cjsm.net

In historical child abuse cases, completed PJI1 form should be emailed via CJSJ secure email to:

CRU@psni.pnn.police.uk.cjsm.net

Appendix 4**Public Prosecution Service (PPS) – The Test for Prosecution**

The Code for Prosecutors provides guidance on how the Public Prosecution Service makes decisions about whether or not to prosecute. It is a public document and is available upon request or can be found on the PPS website at www.ppsni.gov.uk.

Prosecutions are initiated or continued by the Public Prosecution Service only where it is satisfied that the Test for Prosecution is met. This is a two stage test as follows;

- i. The Evidential Test - the evidence which can be adduced in court is sufficient to provide a reasonable prospect of conviction; and
- ii The Public Interest Test - prosecution is required in the public interest.

The Public Prosecutor will analyse and evaluate all of the material submitted in a thorough and critical manner. The Evidential Test must be passed before the Public Interest Test can be considered. Each of these Tests must be separately considered and passed before a decision to prosecute can be taken.

The Evidential Test

Public Prosecutors determine whether there is sufficient evidence to provide a reasonable prospect of conviction against each defendant on each charge.

A reasonable prospect of conviction exists if, in relation to an identifiable individual, there is credible evidence which can be adduced before a court upon which evidence an impartial jury or judge properly directed in accordance with the law, may reasonably be expected to find proved beyond reasonable doubt the commission of a criminal offence by the person who is prosecuted. It is necessary that each element of this definition is fully examined when considering the Evidential Test for each particular case.

The police will gather all available evidence and report the case to the PPS. The Public Prosecutor will consider the evidence carefully and make a decision as quickly as possible. If necessary the Public Prosecutor may have to seek further information from police to enable a decision to be made. The PPS will also try to ensure that cases progress through the court without unnecessary delay.

The Public Interest Test

If a case passes the Evidential Test, the Public Prosecutor must decide if a prosecution is required in the public interest.

Prosecutors must exercise their discretion as to whether a prosecution is required in the public interest. The granting of such discretion to the prosecutor is consistent with the prosecution process in similar legal jurisdictions. In taking decisions as to prosecution the prosecutor is taking decisions for the benefit to society as a whole.

Broadly, the presumption is that the public interest requires prosecution where there has been a contravention of the criminal law. This presumption provides the starting point for consideration in each individual case. A prosecution will usually take place unless there are public interest factors tending against prosecution which clearly outweigh those tending in favour. However, there are circumstances in which, although the evidence is sufficient to provide a reasonable prospect of conviction, a court based outcome is not required in the public interest. For example, Public Prosecutors should positively consider the appropriateness of prosecuting by way of a diversionary disposal, particularly where the defendant is a young person or a vulnerable adult.

In deciding whether a prosecution is required in the public interest, prosecutors should take into account the views expressed by the victim and the impact of the offence on a victim and, in appropriate cases, their family, where such views are available. However PPS does not represent victims or their families in the same way as solicitors act for their clients. It is the duty of Public Prosecutors to form an overall view of the public interest.

Appendix 5**RQIA Contact details**

The Regulation and Quality Improvement Authority
 9th Floor Riverside Tower
 5 Lanyon Place
 BELFAST BT1 3BT
 info@rqia.org.uk
 028 9051 7500 - telephone
 028 9051 7501 – fax

The Regulation and Quality Improvement Authority
 Hilltop
 Tyrone and Fermanagh Hospital
 Omagh
 Co Tyrone BT79 0NS
 028 8224 5828 - telephone
 028 8225 2544 - fax

List of Regulations Relating To Regulated Services

Potential Articles relating to RQIA Enforcement Procedures for Regulated Services:

- Improvement Notice - *Article 39 of the 2003 Order*
- Failure to Comply Notice – *Article 15 of the 2003 Order*
- Notice of Proposal to Cancel, Refuse, Vary, and Remove or Impose Conditions in Relation to Registration – *Article 18 of the 2003 Order*
- Issuing of a Notice of Decision – under *Articles 18 & 20 of the 2003 Order*
- Urgent Procedure for Cancellation of Registration or to Vary, Remove or Impose a Condition of Registration – *Article 21 of the 2003 Order*
- Appeals to the Care Tribunal – *outlined under Article 22 of the 2003 Order*

The Residential Care Homes Regulations (Northern Ireland) 2005
 The Children's Homes Regulations (Northern Ireland) 2005
 The Nursing Homes Regulations (Northern Ireland) 2005
 The Nursing Agencies Regulations (Northern Ireland) 2005
 The Independent Health Care Regulations (Northern Ireland) 2005
 The Day Care Setting Regulations (Northern Ireland) 2007
 The Residential Family Centres Regulations (Northern Ireland) 2007
 The Domiciliary Care Agencies Regulations (Northern Ireland) 2007
 The Adult Placement Agencies Regulations (Northern Ireland) 2007
 The Voluntary Adoption Agencies Regulations (Northern Ireland) 2010

Appendix 6**Definitions of Harm and Serious Harm and factors to be considered in the assessment of the seriousness of harm and risk of harm****What is meant by harm?**

Adult Safeguarding – Prevention and Protection in Partnership 2015 notes that harm resulting from abuse, exploitation or neglect can be experienced by adults in a range of circumstances, regardless of age, class or ethnicity. Harm is the impact on the victim of abuse, exploitation or neglect. It is the result of any action whether by commission or omission, deliberate or as the result of a lack of knowledge or awareness, which may result in the impairment of physical, intellectual, emotional, or mental health and well-being. This includes:

- (i) **Conduct which causes physical harm**, i.e. physical mistreatment of one person by another which may or may not result in physical injury. This may include, among other things, hitting; slapping; pushing or pulling; kicking; rough handling; shaking; exposure to heat and cold; not giving adequate food or drink; force-feeding; unreasonable confinement (e.g. locked in, tied to a bed or chair); the improper administration of drugs or treatments or the denial of prescribed medication; misuse of medication; misuse or illegal use of restraint, or physical interventions and/or deprivation of liberty; misuse of manual handling techniques; or inappropriate sanctions (e.g. controlling access to personal resources or withholding basic necessities of life such as food and drink).
- (ii) **Conduct which causes sexual harm**, i.e. the involvement of a person in sexual activities or relationships that either he or she does not want and has not consented to or cannot consent to. This may include, among other things, use of offensive, suggestive or sexual language; indecent exposure; inappropriate touching; not allowing expression of sexuality; withholding appropriate educational information; sexual harassment; sexual assault; rape; 'grooming'; 'stalking'; or human trafficking.
- (iii) **Conduct which causes psychological harm**, i.e. behaviour that is psychologically harmful or inflicting mental distress by threat, humiliation or other verbal/non-verbal conduct. This may include, among other things, threats of harm or abandonment; withholding of security, affection, care or support; deprivation of contact; provoking fear of violence; threat of institutional care; humiliation or ridicule; denial of the opportunity for privacy; shouting, yelling and swearing; blaming; controlling; intimidation; coercion; harassment; isolation or withdrawal from services supportive networks or cyber bullying/threats

(iv) **Conduct which causes financial, property or material harm**, i.e. misappropriation or misuse of money, material goods or other assets; transactions to which the person did not consent to, could not consent to, or which were invalidated by intimidation or deception. This may include, among other things, theft; fraud; exploitation; embezzlement; withholding pension; not spending allowances on the individual; denying the person access to his or her money; misuse of benefits; mismanagement of bank accounts; pressure in connection with wills, property, inheritance or financial transactions; unreasonable restriction of a person's right to control his or her life in financial/material terms.

(v) **Neglect** is the deliberate withholding, or failure through a lack of knowledge or awareness, to provide appropriate and adequate care and support, which is necessary for the adult to carry out daily living activities. It may include, among other things, the physical neglect of someone to such an extent that health, development and/or well-being is impaired; administering too much or too little medication; failure to provide access to appropriate health, social care or educational services; withholding the provision of the necessities of life such as adequate nutrition, heating or clothing; failure to intervene in situations that are assessed as being dangerous to the person concerned or to others, particularly when the person lacks the capacity to assess risk.

(vi) **Institutional harm**, which can occur in care settings and services as a result of poor standards, practices and behaviours, inflexible regimes and rigid routines, that place adults at risk and which violate their human rights. It involves the collective failure of an organisation to provide safe and appropriate services, and includes a failure to ensure that the necessary preventive and/or protective measures are in place; failure to maintain good standards of care in accordance with individual needs; failure to properly train, manage and supervise staff; poor record keeping; an inability or unwillingness to implement best practice guidelines; poor liaison with other providers of care; a culture that denies, restricts or curtails the dignity, privacy, choice, independence or fulfilment of adults at risk.

Generally, harm falls into one or more of the six categories listed above. However, it is important to recognise its manifestation in other ways, including

(i) **Domestic violence and abuse** is essentially a pattern of behaviour which is characterised by the exercise of control and the misuse of power by one person over another within an intimate relationship or a family. It is usually frequent and persistent. It can include violence by a son, daughter or any other person who has a close or blood relationship with the victim. It can occur right across society and is not bound by age, gender, race, ethnic or religious group, sexual orientation, wealth, disability or geography. **Forced marriage** of an adult, who may be unwilling or lack the capacity to agree to getting married is an abuse of human rights and is a form of domestic abuse, and should be treated as such. A clear distinction must be made between a forced marriage and an arranged marriage.

In arranged marriages, the families of both spouses take a leading role in arranging the marriage but the choice whether or not to accept the arrangements remains with the adult or young person. In forced marriage one or both spouses do not consent to the marriage and some element of duress is involved. Duress may include conduct which causes physical and or emotional harm. **Honour-based violence or honour crime** are also forms of domestic abuse and encompass a variety of crimes of violence (mainly but not exclusively against women), including assault, imprisonment and murder, where the person is being punished by their family or their community for actually, or allegedly, undermining what the family or community believes to be the correct code of behaviour.

(ii) **Hate crime** is any incident which constitutes a criminal offence, perceived by the victim or any other person as being motivated by prejudice or hate towards a person's actual or perceived race; faith or religion; sexual orientation; disability; political opinion or gender identity. The legislative provisions underpinning hate crime offences and penalties in Northern Ireland are set out in the Public Order (Northern Ireland) Order 1987 and the Criminal Justice (No2) (Northern Ireland) Order 2004.

(iii) **Human trafficking** involves the recruitment, transportation, transfer, harbouring or receipt of persons, by means of threat or use of force or other forms of coercion, abduction, fraud, of deception, of the abuse of power or of a position of vulnerability, or of the giving or receiving of payments or benefits to achieve the consent of a person, or have control over another person for the purpose of exploitation. There are many forms of exploitation, including prostitution or other types of sexual exploitation, forced labour, slavery, domestic servitude or the removal of organs. Human trafficking should be differentiated from 'people smuggling' which is normally defined as the facilitation of entry to the UK either secretly or by deception (whether for profit or otherwise). The immigrants concerned are normally complicit in the offence so that they can remain in the UK illegally. There is normally little coercion/violence involved or required from those assisting in the smuggling.

(iv) **Harm through discrimination** may manifest itself as any of the other categories of harm previously set out. What is distinctive, however, is that it is motivated by oppressive and discriminatory attitudes towards a person's disability; mental disorder; physical and/or mental infirmity; race; gender; age; religious belief; political opinion; cultural background; appearance; marital status; sexual orientation; whether or not he/she is a carer; or any other aspect of a person's individuality.

(v) **Harm by a professional/staff member** is the misuse of power and abuse of trust by professionals/staff members; the failure to adhere to best practice guidelines and professional codes of conduct/practice; the failure of professionals/staff members to act on suspected abuse/crimes, poor care practice

or neglect in services, resource shortfalls or service pressures that lead to service failure and culpability as a result of poor management systems.

The examples listed in each of the categories above are not exhaustive nor should they be taken as definitive proof that harm has taken place. There may be other indicators which should not be ignored. Also, some indicators may point to more than one form of harm; often if a person is being harmed in one way, he or she is being harmed in other ways. Any suggestion that all is not well should be seen as an indicator of possible harm of one form or another. It is important that any safeguarding concern is acted upon to ensure that the appropriate preventive or protective response is made.

All harm caused to adults in need of protection adult should be responded to in the context of safeguarding. It is recognised that the level of response needs to be sensitive and proportionate to the specific harm caused.

Factors to be considered in the assessment of the seriousness of harm and risk of potential harm

Consideration of the seriousness of harm and risk are central to determining which response is the most appropriate and key to establishing whether the threshold for a protective investigation/intervention has been met.

The criteria of what constitutes serious harm is imprecise and demands a careful application of professional judgment along with consideration of the available evidence, concerns raised, degree of risk and other matters relating to the individual and his or her context. Sometimes, a single traumatic event may constitute serious harm, e.g. a violent assault, sexual assault, suffocation or poisoning. More often, it is a series of events, both acute and long-standing, which interrupt, change or damage the individual's physical and/or psychological well-being. Also, it is important to note that harm does not need to be deliberate, that is, intent does not always have to be present to elevate harm to a level of seriousness, which might trigger a protective investigation/intervention. Any assessment of seriousness and risk should include

- (a) the impact on the adult at risk, e.g. what is the degree of distress experienced; how resilient is the individual and his/her support networks;
- (b) the reactions, perceptions, wishes and feelings of the adult at risk, e.g. how has the person responded; is he/she: shocked/resigned/cowed; aware of the harm caused;
- (c) the frailty or vulnerability of the adult at risk, e.g. any special needs, such as a medical condition, communication impairment or disability that may affect care and support within the family;
- (d) the ability of the adult at risk to consent, e.g. does he or she understand the nature of the concerns raised and the choices he or she faces;
- (e) the illegality of the act or acts, e.g. has a criminal offence taken place;

- (f) the nature, degree and extent of the harm, e.g. has it caused injury to the person's physical, sexual, psychological or financial wellbeing or property;
- (g) the pattern of the harm causing behaviour, e.g. its intensity and frequency; one-off event or part of a long-standing pattern; have there been previous concerns (consider this in the widest sense, i.e. not just previous safeguarding referrals, but also whether the adult at risk has been a victim of anti-social behaviour, etc.);
- (h) the level of threat to the individual's right to independence, e.g. the extent of support the person usually needs, and whether, and how much of, that support is normally provided by the alleged perpetrator;
- (i) the intent of the person alleged to have caused the harm and extent of premeditation, and the presence or degree of threat, coercion, sadism, and bizarre or unusual elements, e.g. was this a deliberate act or a lack of awareness; was it a serious unprofessional response to difficulties in care giving; what is the attitude of the person alleged to have caused the harm now regarding the incident;
- (j) the relationship between the person alleged to have caused the harm and the adult at risk, e.g. a balanced consideration of any positive benefits which the person may get from the relationship with the person alleged to have caused the harm/abusive situation;
- (k) the context in which the alleged harm takes place, e.g. in a relationship; at home or in a care setting; in the context of a duty of care or trust that has been breached;
- (l) the risk of repetition or escalation of harm involving increasingly serious acts relating to this individual or other adults at risk, to children under the age of 18 who may be at risk, or to the wider public, e.g. is there a risk that serious harm could result if no action is taken; is immediate protective action required; and
- (m) the factors which mitigate the risk (protective factors), e.g. support services in place; awareness of what constitutes harm; awareness of how to raise concerns/seek help.

Consideration should also have to be given to the vulnerability of the person alleged to have caused the harm, e.g. are they an adult in need of protection or a child under the age of 18? If so, what actions are needed to support and safeguard them? Making a judgement here may mean having regard to some or all of the factors listed to inform the appropriate course of action.

The list of factors set out above is not exhaustive, and does not imply a hierarchy of importance; their analysis may point to a particular kind of response. In this context, it will also be necessary to:

- evaluate the reliability of the evidence upon which an assessment is made;
- consider any disparity between the strength of conviction of the person reporting the safeguarding concern (e.g. what was the basis of his/her concern or purpose in raising it), and the outcome of the assessment; and
- determine the need for further information gathering.

The safeguarding response made, however, should not undermine the risks identified and the outcomes sought.

Where an adult in need of protection has the ability to consent, appears to be able to make informed choices and is not being unduly intimidated, the available options should be explored with him/her and his/her wishes respected, unless these conflict with a statutory duty to intervene, or unless another person(s) is considered to be at risk.

Appendix 7**Human Rights, Consent and Capacity, The European Convention for the Protection of Human Rights and Fundamental Freedoms (Human Rights Act 1998)****Human Rights - Consent & Capacity**

The Human Rights Act 1998 has been fully effective from 2nd October 2000. It incorporates the European Convention for the Protection of Human Rights and Fundamental Freedoms into United Kingdom Domestic Law. This makes it unlawful for public authorities to act in a manner which is incompatible with the rights and freedoms guaranteed by the Convention sets out the main Convention Rights enshrined in the 1998 Act.

Decisions taken not to comply with the wishes of the adults in need of protection adult/adult at risk may constitute a breach of Human Rights legislation. Where consideration is being given not to comply with the wishes of the adults in need of protection adult/adult at risk, the decision taken must be lawful, proportionate and in keeping with what is in the public interest.

Public authorities can interfere with an individual's rights providing it is lawful, proportionate and necessary in a democratic society.

Lawful means 'prescribed by law' and the legal basis for any restriction on rights and freedoms must be established and identified Reporting a relevant offence as defined in the Criminal Law Northern Ireland Order 1967, is not only lawful but a legal requirement on public authorities.

Proportionate means that the proposed action is viewed by any reasonable person as fair, necessary and the least restrictive in order to benefit the individual.

Necessary in a Democratic Society means

- (1) Does it fulfil a pressing social need?
- (2) Does it pursue a legitimate aim? And
- (3) is the proposed action in the public interest taking into consideration whether other Adults at risk or children may be at risk of harm?

The Decision Making Process

In applying the key principles of lawfulness, proportionality and whether it is necessary in a democratic society, a public authority representative must ask the following questions:

- Is there a legal basis for my actions?

- Is it proportionate and necessary in a democratic society?
- Is the procedure involved in the decision-making process fair and does it contain safeguards against abuse?
- Was there an alternative and less restrictive course of action available? (The intervention should be strictly limited to what is required to achieve the objective).
- Is the restriction required for legitimate purposes?
- If I fail to interfere with this individual's rights could there be a more serious outcome in not affording the individual adequate protection in fulfilment of their human rights

Decisions to interfere with an individual's rights may be subject to scrutiny by the Courts. However, if public authorities can show that they applied the relevant Human Rights principles when making their decision, they are less likely to be over-ruled. It is very important to keep notes and decisions should be recorded in full.

Consent

The wishes of the adult in need of protection are of paramount importance in all cases of alleged or suspected abuse. Where a crime is suspected the issue of possible PSNI involvement should be discussed with the adult in need of protection.

The consent of the adult in need of protection for contact with the PSNI should be sought as a first step and details of whether this relates to a referral to PSNI or a Joint Agency consultation should be provided.

The adult in need of protection should be provided with as much information as possible to assist them in making an informed decision regarding how they wish the situation to be handled. They should be fully advised by the Trust Investigating Officer of the Joint Protocol process and of their right to have a referral made to the PSNI. Details of all supports available to assist in the JP process should also be provided, i.e. ABE 2012 document.

The adult in need of protection should be advised that agreeing to a joint agency consultation does not in itself constitute their agreement to a full PSNI investigation. The benefits of a joint agency consultation in terms of information gathering (cross referral to ensure a comprehensive assessment of all available information) should be explained to the adult in need of protection. Their entitlement to full consultation and involvement at each stage in the joint protocol process should also be explained. All staff involved must ensure that this person centred approach is strictly adhered to. The Joint Protocol should make a

significant contribution to ensuring that the individual's human rights are upheld, protected and delivered on.

In the majority of cases where the adult in need of protection is deemed to have capacity, the PSNI will only proceed to a full investigation with the consent of the adult in need of protection. In practice this will mean that the adult in need of protection should be willing to make a complaint to the PSNI. However there are some exceptions to this.

Dispensing with Consent

In exceptional circumstances the DAPO may need to consider overriding the wishes of an adult in need of protection if they do not consent to a joint agency consultation with the PSNI. These include situations where:

1. there is reasonable evidence or information to indicate that a possible relevant offence has been committed and the Trust have a legal obligation to report to the PSNI
2. there is a significant query regarding the individual capacity to make an informed decision and therefore their ability to give or withhold consent is in question. Actions taken must be proportionate to the level of concern and the views of substitute decision makers.
3. information available clearly demonstrates that the individual is subject to undue influence or coercion (must be substantial)
4. there is a significant risk to other adults at risk and/or children
5. the likelihood of further harm is high and there is a substantial opportunity to prevent further crime.

The PSNI also have the authority to investigate alleged or suspected criminal abuse where this is agreed to be in the best interests of the adult in need of protection and or others.

The above list indicates possible situations where the DAPO may need to consider overriding the wishes of an adult in need of protection adult. The list is not exhaustive. Cases will need to be assessed on a case by case basis and requirements in relation to making decisions which are lawful, proportionate and necessary in the public interests are applicable.

Acting without Consent in Emergency Situation

In situations where the adult in need of protection is in imminent danger it may not be possible to discuss with them their wishes and obtaining a valid consent may not be achievable. Trust staff, under these circumstances, should take whatever action they feel is appropriate to protect the adult in need of protection, including seeking medical and/or PSNI intervention.

Where there is no information and/or clarity regarding the wishes of the adult in need of protection and it is safe to do so, consideration should be given to deferring a decision re a joint agency consultation until such time as the adult in need of protection's views and permission can be sought. The DAPO will need to consider this on a case by case basis, mindful that a number of factors will need to be taken into account. Where a decision is taken to consult with the PSNI and the adult in need of protection has not consented to this, a detailed rationale for this decision should be recorded.

Capacity

There should be no assumptions made regarding an individual's capacity or incapacity and in the first instance unless there is contrary information, every individual should be viewed as having the capacity to make decisions about their own situation. However, if an issue is raised in relation to any individual's cognitive ability to make an informed decision about their safety, a capacity assessment should be sought.

Capacity assessments should be carried out by an appropriately trained professional. In cases where the adults in need of protection is already known to specialist services the professional involved may be able to provide an informed opinion in relation to the individual's capacity.

Capacity assessments/reassessment should determine:

- a. the extent to which the adults in need of protection adult/adult at risk is able to make informed decisions about their safety and protection
- b. whether the adults in need of protection adult/adult at risk is able to make a complaint to the PSNI and/or give legal instruction
- c. whether the adults in need of protection adult/adult at risk has the capacity to be interviewed by the PSNI
- d. the needs of the adults in need of protection adult/adult at risk.

It is important to note that any and all information provided by an adult in need of protection adult is relevant and should be considered in a safeguarding context

THE EUROPEAN CONVENTION FOR THE PROTECTION OF HUMAN RIGHTS AND FUNDAMENTAL FREEDOMS

The Human Rights Act 1998

Main Convention Rights

- Article 2 -** Right to life
- Article 3 -** Prohibition of torture
- Article 4 -** Prohibition of slavery and forced labour
- Article 5 -** Right to liberty and security of person
- Article 6 -** Right to a fair trial
- Article 7 -** No punishment without law
- Article 8 -** Right to respect for private and family life
- Article 9 -** Freedom of thought, conscience and religion
- Article 10-** Freedom of expression
- Article 11-** Freedom of assembly and association
- Article 12-** Right to marry
- Article 14-** Prohibition of abuse of rights
- Article 16-** Restrictions on political activity of aliens
- Article 17-** Prohibition of abuse of rights
- Article 18-** Limitation of use of restriction of rights

- Article 1, 1st protocol** Protection of property
- Article 2, 1st protocol** Right to education
- Article 3, 1st protocol** Right to free elections
- Article 1, 6th protocol** Abolition of the death penalty

Appendix 8**Section 5 Criminal Law (Northern Ireland) Act 1967**

A crime is a breach of the criminal law which is contained in statute or common law. Not all harm, abuse or exploitation of an adult in need of protection constitutes a possible crime.

However where an adult in need of protection and/or a relative or other professional (if the individual lacks capacity) makes a decision to access the Criminal Justice system, HSC Trusts in keeping with the principles of the Joint Protocol will support and assist in this process.

In cases of ill-treatment or wilful neglect by a staff member Article 121 of the Mental Health Order may need to be considered to determine if a possible offence has been committed.

The Criminal Law Act (NI) 1967

Section 5 of the Criminal Law Act (NI) 1967 states that where a person has committed a relevant offence, it shall be the duty of every other person, who knows or believes:-

(a) that the offence or some other **relevant offence** has been committed; and

(b) that he has information which is likely to secure, or to be of material assistance in securing, the apprehension, prosecution or conviction of any person for that offence,

to give that information, within a reasonable time, to a constable and if, without reasonable excuse, he fails to do so he shall be guilty of an offence and shall be liable on conviction on indictment to imprisonment according to the gravity of the offence about which he does not give that information, as follows:-

(i) if that offence is one for which the court is required by law to sentence an offender to death or to imprisonment for life or to detention during the pleasure of the Governor of Northern Ireland, he shall be liable to imprisonment for not more than ten years [or a fine or both];

(ii) if it is one for which a person (of full age and capacity and not previously convicted) may be sentenced to imprisonment for a term of fourteen years, he shall be liable to imprisonment for not more than seven years [or a fine or both];

(iii) if it is not one included above but is one for which a person (of full age and capacity and not previously convicted) may be sentenced to imprisonment for a term of ten years, he shall be liable to imprisonment for not more than five years [or a fine or both];

(iv) in any other case, he shall be liable to imprisonment for not more than three years [or a fine or both].

(2) It shall not be an offence under this section for the person suffering loss or injury by reason of the commission of the offence (in this section referred to as "the injured person") or some other person acting on his behalf not to disclose information upon that loss or injury being made good to the injured person or upon the injured person being reasonably recompensed therefore so long as no further or other consideration is received for or on account of such non-disclosure.

Relevant offence is defined in Section 4(1A) of the Act:

4(1A) In this section and section 5, "*relevant offence*" means—

- (a) an offence for which the sentence is fixed by law,
- (b) an offence for which a person of 21 years or over (not previously convicted) may be sentenced to imprisonment for a term of five years (or might be so sentenced but for the restrictions imposed by Article 46(4) of the Magistrates' Courts (Northern Ireland) Order 1981),

but in section 5(1) "relevant offence" does not include an offence under Article 20 of the Sexual Offences (Northern Ireland) Order 2008 (Article 20 of the Sexual Offences (NI) Order 2008 relates to certain sexual offences committed by persons under 18 years of age)

Basically this includes any offence for which a person may be sentenced to 5 years or more in prison.

Examples of some offences which attract a sentence of 5 years or more imprisonment would include;

Offences against the person

- Murder
- Attempted murder
- Grievous bodily harm with intent
- Grievous bodily harm
- Assault occasioning actual bodily harm
- Threats to kill

Sexual offences

- Rape
- Attempted rape
- Assault by penetration
- Sexual assault
- Causing or inciting a person to engage in sexual activity without consent

- Sexual activity with a person with a mental disorder impeding choice
- Engaging in sexual activity in the presence of a person with a mental disorder impeding choice
- Causing a person with a mental disorder to engage or agree to engage in sexual activity by inducement, threats or deception

Dishonesty offences

- Theft
- Attempted theft
- Burglary with intent to steal
- Burglary with intent to cause criminal damage
- Fraud
- Conspiracy to defraud

In relation to dishonesty offences section 5(2) would be relevant i.e. -

“It shall not be an offence under this section for the person suffering loss or injury by reason of the commission of the offence (in this section referred to as “the injured person”) or some other person acting on his behalf not to disclose information upon that loss or injury being made good to the injured person or upon the injured person being reasonably recompensed therefore so long as no further or other consideration is received for or on account of such non-disclosure”.

Appendix 9**Article 121 of the Mental Health NI Order (1986)*****Ill-treatment of patients***

121. (1) Any person who, being an officer on the staff of or otherwise employed in a hospital, private hospital or nursing home or being a member of the [F1 Board or a director of the [F2HSC trust] managing] a hospital, or a person carrying on a private hospital or nursing home—

(a) ill-treats or wilfully neglects a patient for the time being receiving treatment for mental disorder as an in-patient in that hospital or nursing home; or

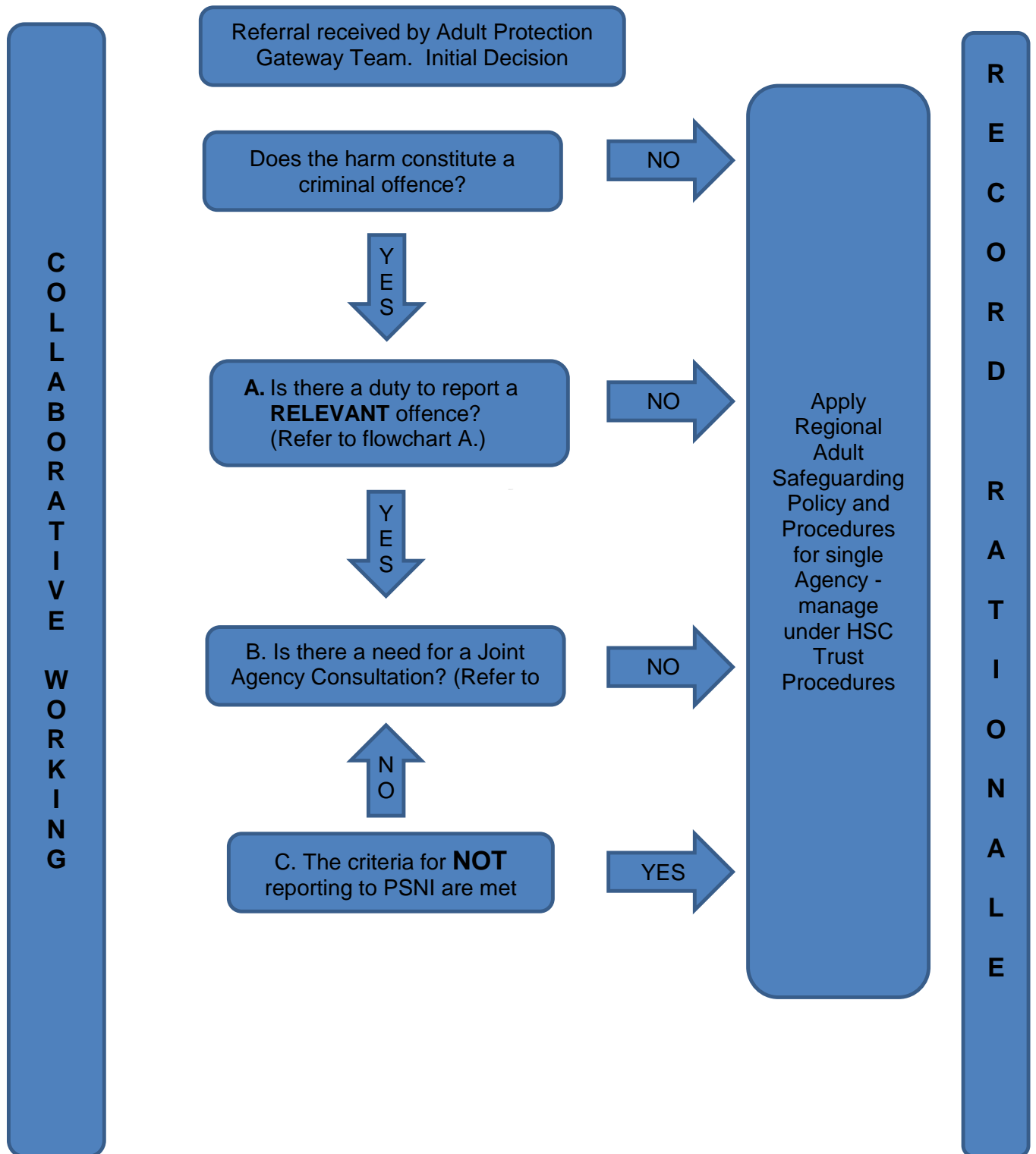
(b) ill-treats or wilfully neglects, on the premises of which the hospital or nursing home forms part, a patient for the time being receiving such treatment there as an out-patient, shall be guilty of an offence.

(2) Any individual who ill-treats or wilfully neglects a patient who is for the time being subject to his guardianship under this Order or otherwise in his custody or care (whether by virtue of any legal or moral obligation or otherwise) shall be guilty of an offence.

(3) Any person guilty of an offence under this Article shall be liable—

(a) on summary conviction, to imprisonment for a term not exceeding six months or to a fine not exceeding the statutory maximum, or to both;

(b) on conviction on indictment, to imprisonment for a term not exceeding two years, or to a fine of any amount, or to both.

Appendix 10**HSC Trust Flowchart for decision making and referral to PSNI CRU**

A. Relevant crime and/or reportable crime referred to PSNI CRU for consideration of Joint Agency investigation

An adult in need of protection is in **imminent danger** and there is a need for an immediate report to PSNI CRU

OR

Where there has been an incident which may constitute a **relevant offence** under Section 5 of the Criminal Law Act (NI) 1967 (**Appendix 7**)

OR

Referral information clearly states the adult in need of protection **wishes** or has consented to PSNI involvement (**Appendix 8 Human Rights**)

OR

If the referral information clearly states that the adult in need of protection lacks capacity to give informed consent to PSNI involvement and **the next of kin and/or professionals involved take the view that PSNI involvement is required.**

Relevant offences include

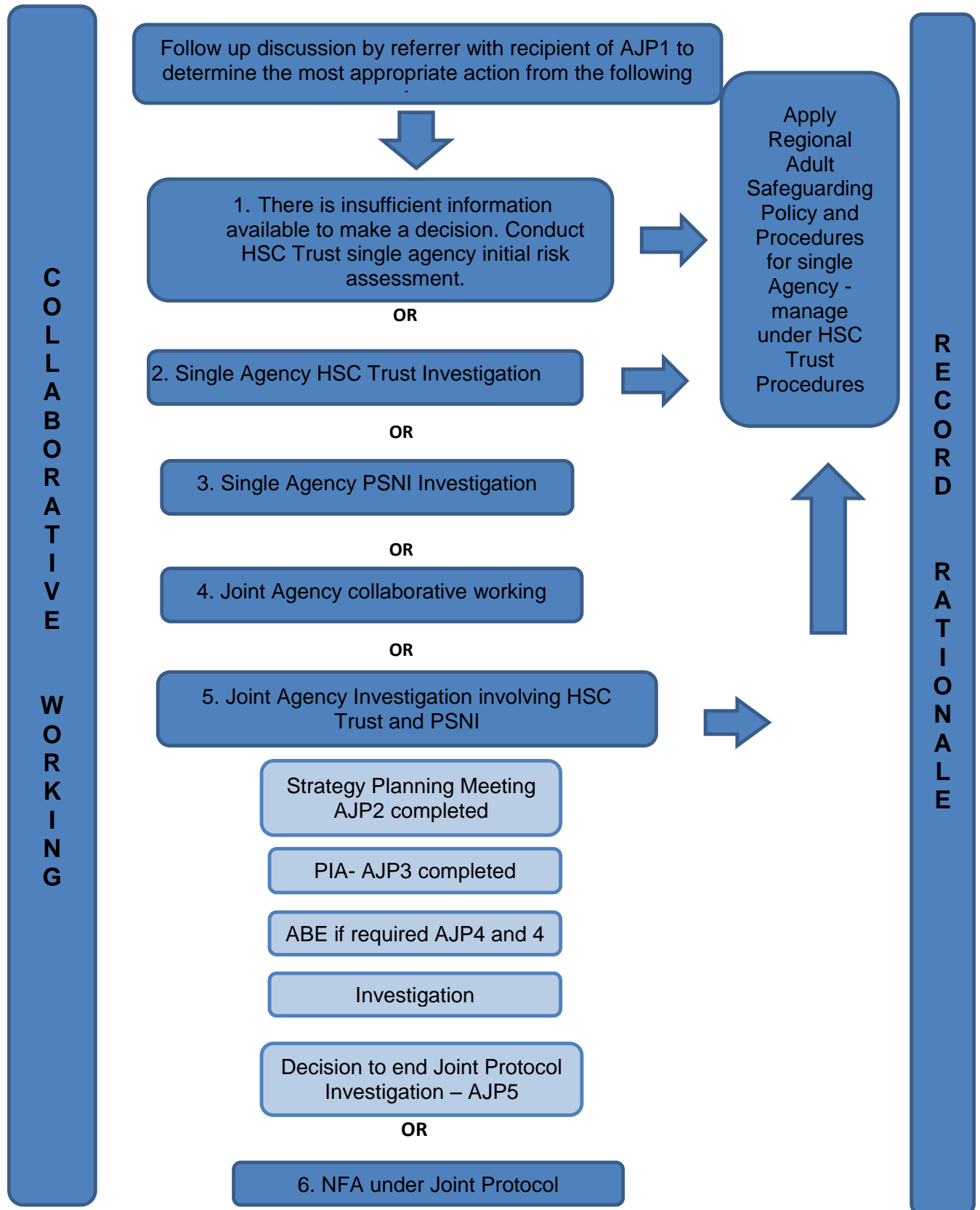
- Sexual offences
- Domestic abuse incidents which constitute a criminal offence
- Financial abuse incidents
- Human Trafficking
- All cases where alleged offender is a paid employee / volunteer or in a position of trust
- Institutional abuse
- Historical abuse

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B. Joint Agency Consultation with PSNI CRU and HSC Trust

- AJP1 completed and forwarded to CRU via CJSM



C. Criteria for **NOT** reporting to PSNI

DAPO must as a minimum demonstrate consideration of the following:

The adult in need of protection has capacity to make an informed decision and does not want to make a complaint to PSNI. Full consideration will need to be given to all elements of consent, capacity and human rights. including issues of undue influence and possible

AND

The Trust is not required by law to make a referral to PSNI (if the incident does not meet the threshold of **relevant offence** under section 5 of the Criminal Law Act (NI) 1967 (*Appendix 7* Definition of Relevant Offence)

AND

It is a minor incident. A comprehensive assessment of all the factors **MUST** be completed to evidence a through risk assessment of these cases. This will include consideration of whether repeat incidents have occurred and/or whether other adults at risk or children have been or are likely to be at risk of harm (*Appendix 10 Factors to be considered in the assessment of the seriousness of Harm and Risk of Harm*)

AND

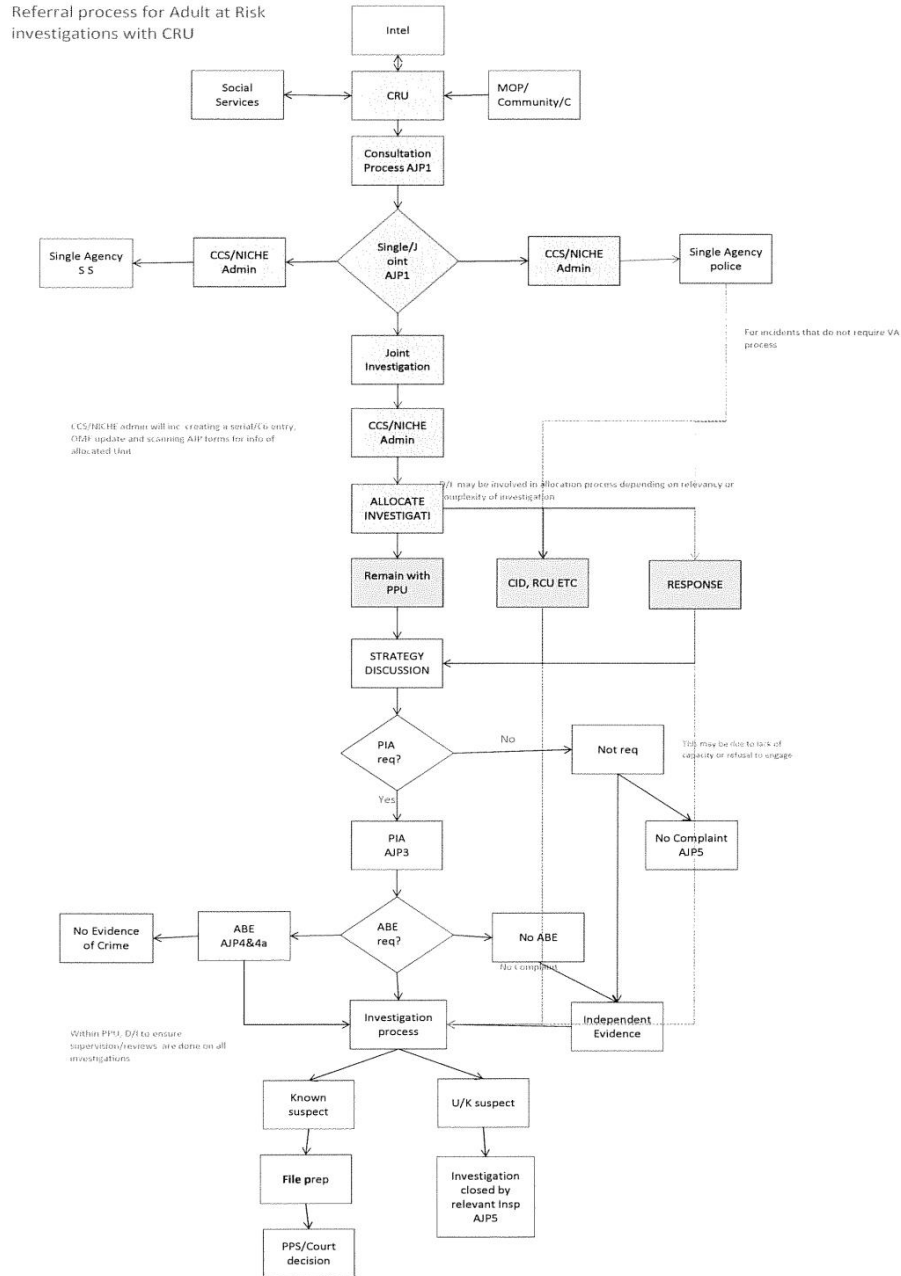
The situation is being managed through an Adult Safeguarding process and/or there are other protective measures in place

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Appendix 11**Referral Process for Adult at Risk Investigations with CRU**

Appendix 12**Regulation and Quality Improvement Authority****Adult Safeguarding Processes**

Where there is a breach of regulations RQIA have the statutory authority to issue requirements in relation to a Quality Improvement Plan, Enforcement Orders or to de-register facilities depending on nature and seriousness of the concern.

In all regulated facilities where an alleged or suspected criminal offence has occurred, RQIA should ensure that this is reported to the relevant HSC Trust Gateway Team/ DAPO and PSNI/nominated officer within Public Protection Unit. Where an incident relates to a regulated service RQIA will attend adult protection strategy meetings and case discussions to contribute to joint agency information sharing and joint agency action planning.

HSC Trusts should also ensure that RQIA are notified of these incidents (**Appendix 6 RQIA contact details**). Where an incident occurs outside normal working hours, it is the responsibility of the Registered Manager or Senior Manager on duty to contact the Regional Out of Hours Service and if applicable the PSNI. If reports are made directly to PSNI from regulated facilities, the PSNI should contact the Regional HSC Regional Emergency Social Work Service.

Appendix 13**Registered Intermediaries**

The Criminal Evidence (NI) Order 1999 provides for a number of special measures, such as video recorded evidence-in-chief and giving evidence by live link, to assist vulnerable and intimidated witnesses (both for the prosecution and the defence) give their best possible evidence in criminal proceedings.

Article 17 of the 1999 Order provides for the examination of a witness through an intermediary.

Article 21BA of the 1999 Order, as inserted by section 12 of the Justice Act (NI) 2011, provides for the examination of a vulnerable defendant when they are giving oral evidence.

The creation of the Registered Intermediary (RI) role represents a statutory recognition that adults in need of protection witnesses and defendants with communication needs may require help and facilitation with giving evidence. RIs have a range of responsibilities intended to help adults in need of protection witnesses, defendants and criminal justice practitioners at every stage of the criminal process, from investigation to trial.

It is the responsibility of the DOJ- PPU, PSNI, and PPS, to request an assessment from a Registered Intermediary.

RI's come from a number of professional backgrounds. It is a highly specialised role and requires expertise in dealing with the communication needs of individuals with the following types of conditions

- Aphasia/Dysphasia
- Autistic Spectrum Disorder
- Brain and/or Head Injury
- Deafness/hearing Impairment
- Dementia
- Dysarthria/Dyspraxia
- Fluency Difficulties
- Language Delay/Disorder
- Learning disability
- Mental health Issues
- Neurological and other Progressive Disorders
- Phonological Delay/Disorder
- Physical Disability
- Selective/Elective Mutism
- Voice Disorders (including laryngectomy)

The above list is intended to be illustrative rather than exhaustive and whether someone should be provided with RI assistance will need to be determined on a case-by-case basis, based on the particular needs of the individual witness or defendant. It is also important to note that not all witnesses or defendants with the conditions listed above will necessarily require assistance, if their disability does not affect their ability to communicate effectively.

For police interviews, the RIs duty is to assess and facilitate effective communication and understanding between the police and the witness or defendant. In terms of the court stage, the RIs duty is to the court. RIs are there to ensure the court has access to the best possible evidence and that this can be properly examined so that justice can be done.

How the RI role is exercised

An RI will carry out an assessment of a witness or defendant's communication abilities and needs. In this assessment the RI will

- Evaluate the abilities and needs of the witness/defendant, including whether they have the ability to communicate their evidence during a police interview and at court;
- Ascertain if the witness/defendant needs an RI;
- Consider if the witness/defendant would be able to give evidence at all, even with the assistance of an RI;
- Indicate whether, in the absence of an intermediary, the quality of a witness's evidence would be diminished or a defendant would not receive a fair trial; and
- Make recommendations as to special measures to enable the best communication with and evidence from, the witness.

An RI also directly assists in the communication process – helping a witness or defendant understand the questions during an investigative interview or testimony at the trial and helping them communicate their answers. Effective means of communication may include speech, symbols, communication aids, drawing and writing.

Appendix 14**AJP Forms**

AJP1	Referral Information
AJP2	Record of Joint Agency Strategy Decision Making and Investigation Planning
AJP2 (a)	Amendments to Strategy For Investigation
AJP3	Pre- Interview Assessment (PIA)
AJP4	Planning the Joint Investigation Interview (ABE)
AJP4 (a)	Joint Protocol ABE Interview
AJP5	Decision to End Joint Protocol Investigation

In addition PJI1 form to be used in relation to adults at risk when disclosures of historical abuse have been made. There is a requirement to clearly state whether this needs to be addressed under Adult Safeguarding Joint Protocol procedures

PJI1	Referrals to PSNI of Historical Child Abuse
-------------	---

AJP1**JOINT PROTOCOL – ADULT PROTECTION****Referral Information****PSNI Reference Number:** _____

Date of Referral: _____

Referred To: _____

Designation: _____

Referred By: _____

Designation: _____

Referrer's Address: _____

Referrer's Telephone Number: _____

Referrer's Email: _____

SECTION ONE *(Please ensure Sections 1 & 2 are fully completed by referrer)*

DETAILS OF ALLEGED VICTIM		
Name:	Date of birth or approximate age:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Address and Postcode:	Contact No:	Programme of care if known:
		Information system no:
Present Location: <i>(if different from above)</i>		
Incident Location:		
Nature of vulnerability: <i>(please tick all relevant boxes)</i>		
<input type="checkbox"/> Frail Older Person <input type="checkbox"/> People experiencing dementia or memory impairment <input type="checkbox"/> Learning Disability <input type="checkbox"/> Physical/Sensory Disability <input type="checkbox"/> Mental Health Difficulties <input type="checkbox"/> Other <i>(give details)</i> _____		

Relevant Contacts		
	Name	Address & Tel. No.
Key Worker		
Care Manager		
G.P		
Other Professionals		
Next of Kin		
Significant other		

Who Was The First Person To Note Concern:	
Name & Tel No:	Date:

Does This Referral Originate From:			
<input type="checkbox"/> Acute Hospital Name:	<input type="checkbox"/> Adult Mental Health Unit Name:	<input type="checkbox"/> Learning Disability Unit Name:	<input type="checkbox"/> Regulated Facilities Name:
<input type="checkbox"/> Community	<input type="checkbox"/> MARAC	<input type="checkbox"/> Other <i>(give details)</i>	

SECTION 2

DETAILS OF REFERRAL
Incident Report – (Please give exact details of what has been reported and if appropriate, note injuries on the attached body chart ONLY if witnessed or observed)
Date / Time Of Incident:
Location:
Details:
<p>Have There Been Previous Concerns Or Evidence Of Abuse To Your Knowledge?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known</p> <p>If yes, what was the nature of the concern and the outcome:</p>

The Service User's Usual Living Arrangements:	
Does service user live alone? (if No give details)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the service user live with the person whom has allegedly caused the abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any support services in place? (if yes give details)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any current court orders in place? (if yes give details)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any concerns regarding risk to a child/children? (if yes give details)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any concerns regarding risk to other adults in need of protection? (if yes give details)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Service User's Knowledge Of Referral	

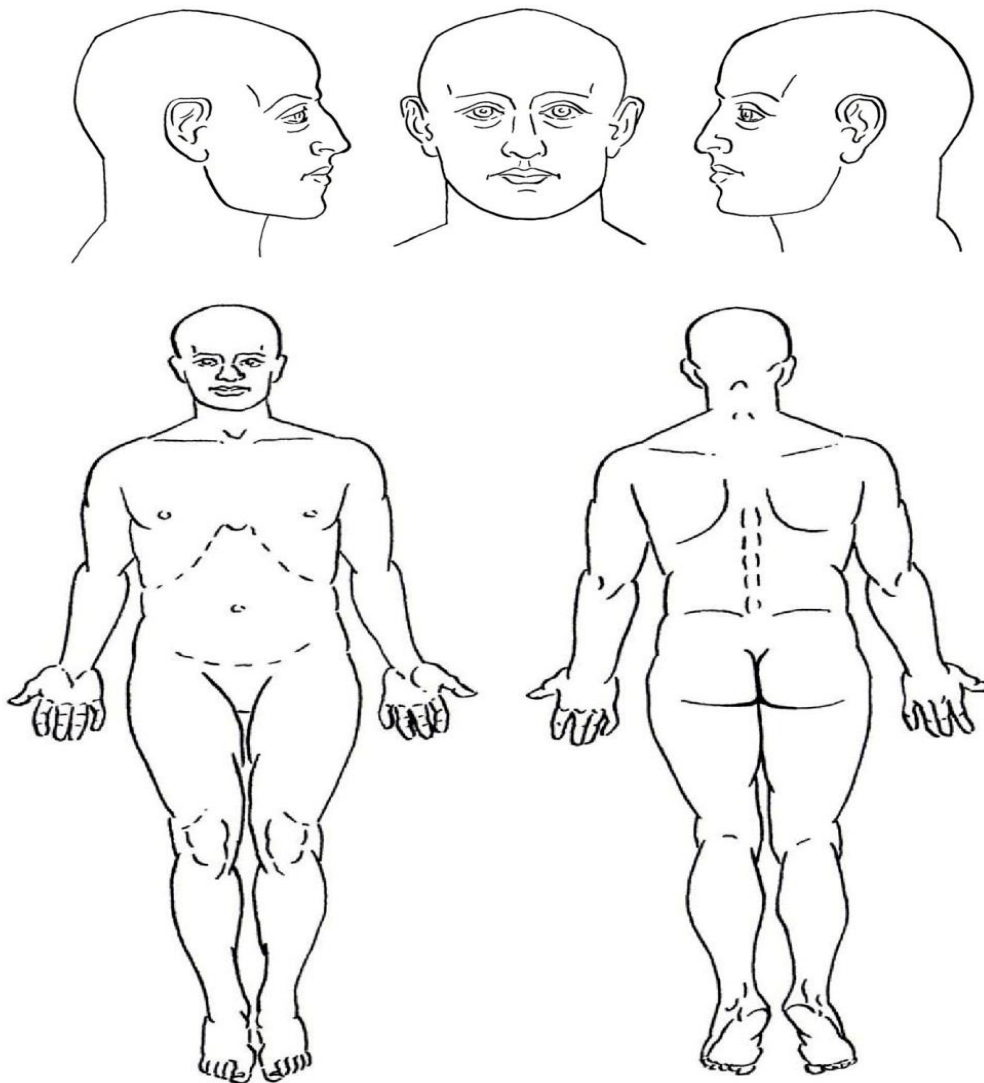
Does person know that a referral may be made?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known
Has the relevant explanation/information been provided in an appropriate manner? (for example Easy Read Leaflets)	<input type="checkbox"/> Yes <input type="checkbox"/> No
In your view has the person capacity to make an informed decision about the referral/report?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the person consented to a referral? If no give details _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the person lacks capacity what are the views of the next of kin about the referral? If yes: Name: _____ Address: _____ Contact No: _____ Date: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a need to consider any immediate Human Rights issues? (If yes identify which human rights have been considered and rationale for the decision)	<input type="checkbox"/> Yes <input type="checkbox"/> No

DETAILS OF PERSON/S ALLEGED TO HAVE CAUSED HARM (If known)		
Name provided by:	Date:	
Name:	Date of birth:	<input type="checkbox"/> M <input type="checkbox"/> F
Address:		
Does the person alleged to have caused harm know that an allegation has been made against them?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known
Has the person alleged to have caused harm any known vulnerabilities? If yes please specify:		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known
Is the person alleged to have caused harm known to service user? If yes please specify below:		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known
<input type="checkbox"/> Family member	<input type="checkbox"/> Another service user	<input type="checkbox"/> Paid carer
<input type="checkbox"/> Trust employee	<input type="checkbox"/> Other	

BODY CHART

PLEASE USE THE BELOW IMAGE TO MARK ANY:

- **SCRATCH**
- **SKIN ABRASION**
- **CUT**
- **BRUISE**
- **BURN**
- **BITE**
- **FRACTURE**



SECTION 3 *(To be completed and shared following Joint Agency Consultation)***PSNI Reference Number** _____

OUTCOME OF CONSULTATION	
<input type="checkbox"/> Single agency investigation by PSNI	Allocated to: _____
<input type="checkbox"/> Single agency investigation by Trust	Allocated to: _____
<input type="checkbox"/> Joint Protocol investigation	Allocated to: _____
<input type="checkbox"/> Referral to RQIA	
<input type="checkbox"/> No further action	
<input type="checkbox"/> Other <i>(give detail below)</i>	

RATIONALE

Agreed By**Designated Adult Protection Officer:** _____**PSNI CRU Officer:** _____**Approved By PSNI Sergeant:** _____**Date:** _____

Completed form to be emailed via CJSM secure email system to cru@psni.pnn.police.uk.cjsm.net
 Joint consultation will take place on receipt of this form and outcome to be recorded and shared by PSNI
 CRU contact number 028 9025 9299

AJP2 Record of Joint Agency Strategy Decision Making and Investigation Planning

DETAILS OF ALLEGED VICTIM		
Name:	Date of Birth: <i>(if not known, please give approximate age)</i>	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Address and Postcode:	Contact No:	Service Group:
Present Location: <i>(if different from above)</i>		PSNI Reference Number: <i>(If known)</i>

STRATEGY DISCUSSION	
Date & time of consultation:	<input type="checkbox"/> Telephone <input type="checkbox"/> Meeting
Names of persons involved:	Designation:
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

DETAILS OF DISCUSSION

AGREED ACTIONS**Forensic Considerations***Need for medical, secure possible forensic evidence***Communication Strategy***Record agreed level of information sharing and with whom*

Name of:

PSNI Investigating Unit _____

Name of PSNI Investigating Officer _____

Name of PSNI Line Manager _____

Name of Trust Investigating Officer _____

Name of Trust Designated Adult Protection Officer _____

Name of RQIA Inspector(if appropriate) _____

Contact number

Please provide details below:

Media Considerations*Record agreed level of information sharing and with whom***Interviews***(Provide name, address, contact number and nature of vulnerability (if applicable) of person(s) to be interviewed)*Victim(s):1. _____

- ☐ None ☐ Frail Older Person
☐ Physical/Sensory
☐ Learning Disability
☐ Mental Health
☐ Dementia or memory impairment
☐ Other(give details)

Type of interview and by whom
(If known)☐ PSNI ☐ PIA/ABE ☐ Trust

PSNI _____

Trust _____

2. _____

- ☐ None ☐ Frail Older Person
☐ Physical/Sensory
☐ Learning Disability
☐ Mental Health
☐ Dementia or memory impairment
☐ Other(give details)

☐ PSNI ☐ PIA/ABE ☐ Trust

PSNI _____

Trust _____

<u>Witnesses:</u> 1. _____ _____ _____ 2. _____ _____ _____	<input type="checkbox"/> None <input type="checkbox"/> Frail Older Person <input type="checkbox"/> Physical/Sensory <input type="checkbox"/> Learning Disability <input type="checkbox"/> Mental Health <input type="checkbox"/> Dementia or memory impairment <input type="checkbox"/> Other(<i>give details</i>)	<u>Who will conduct interview:</u> <input type="checkbox"/> PSNI <input type="checkbox"/> Trust PSNI _____ Trust _____
<u>Person/s alleged to have caused harm :</u> <i>(as provided by Trust or other agencies)</i> 1. _____ _____ _____ 2. _____ _____ _____	<input type="checkbox"/> None <input type="checkbox"/> Frail Older Person <input type="checkbox"/> Physical/Sensory <input type="checkbox"/> Learning Disability <input type="checkbox"/> Mental Health <input type="checkbox"/> Dementia or memory impairment <input type="checkbox"/> Other(<i>give details</i>)	<u>Who will conduct interview:</u>
<i>Joint Agency Interim Protection Plan</i>		
<i>Adult Safeguarding Investigation Strategy and Protection Plan</i>		

Signature of DAPO _____

Signature PSNI Officer: _____

Date: _____

AJP2a

AMENDMENTS TO STRATEGY FOR INVESTIGATION

Completed form to be emailed via CJSM secure email system

DETAILS OF VICTIM		
Name:	Date Of Birth or Approximate Age:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Address and Postcode:	Contact No:	Service Group:
Present Location: <i>(if different from above)</i>		PSNI Reference Number: <i>(If known)</i>

INFORMATION UPDATE
AGREED AMENDMENTS TO INVESTIGATION PLAN
AGREED AMENDMENTS TO PROTECTION PLAN

Agreed by:

Police Officer: _____

DAPO: _____

Date: _____

AJP3

PRE- INTERVIEW ASSESSMENT (PIA)

To be completed and shared by PSNI

DETAILS OF VICTIM		
Name:	Date Of Birth or Approximate Age:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Address and Postcode:	Contact No:	Service Group:
Present Location: <i>(if different from above)</i>		PSNI Reference Number: <i>(If known)</i>

PIA PLANNING	
Date & Time Of Interview:	Venue
Names Of Interviewers:	Designation
Names of any other persons who will be present:	Role:
NOTE ANY SPECIAL REQUIREMENTS <i>(please give relevant details)</i>	

DETAILS OF PIA	
Has the purpose of the interview been explained to the adult? Comment:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have any capacity issues been identified? Comment:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have the types of formats for the interview been explained to the adult? Comment:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the adult stated a preference for which format is most suitable for him/her? Comment:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the adult any specific needs in relation to the interview? Comment:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Is the adult willing to engage in an interview? Comment:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has a need for a Registered Intermediary been identified? Comment:	<input type="checkbox"/> Yes <input type="checkbox"/> No

OUTCOME OF PIA	
<input type="checkbox"/> Registered Intermediary required <input type="checkbox"/> Video interview <input type="checkbox"/> Written interview <input type="checkbox"/> Victim declines criminal investigation	 Venue: _____ Venue: _____

AJP4 PLANNING THE JOINT INVESTIGATION INTERVIEW (ABE)

DETAILS OF VICTIM		
Name:	Date Of Birth or Approximate Age:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Address and Postcode:	Contact No:	Service Group:
Present Location: <i>(if different from above)</i>		PSNI Reference Number: <i>(If known)</i>

ABE INTERVIEW PLANNING	
Date & Time Of Interview:	Venue
Names Of Interviewers: _____ _____ _____	Designation _____ _____ _____
Names of any other persons who will be present: _____ _____ _____	Role/Relationship: _____ _____ _____

DETAILS OF PIA PLANNING <i>(please give relevant details)</i>	
Do any special considerations apply? <i>(If yes give details)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will a Registered Intermediary/ Interpreter attend? <i>(If yes give details)</i> Name: _____ Grade/Qualification: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

DETAIL SPECIFIC ARRANGEMENTS PLANNED FOR INTERVIEW

(Who? What? When? Where? How?)

SIGNATURES OF JOINT INVESTIGATIVE INTERVIEWERS:

Police Officer: _____

Social Worker: _____

Date: _____

AJP4a

JOINT PROTOCOL ABE INTERVIEW

To be completed by PSNI

Name of Adult: _____

Date of Interview: _____

Page No: _____

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AJP5 DECISION TO END JOINT PROTOCOL INVESTIGATION

To be completed and shared by the responsible DAPO/PSNI Officer

DETAILS OF VICTIM		
Name:	Date Of Birth or Approximate Age:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Address and Postcode:	Contact No:	Service Group:
Present Location: <i>(if different from above)</i>		PSNI Reference Number:

OUTLINE THE REASONS FOR ENDING JOINT PROTOCOL INVESTIGATION	
AGREED BY WHOM <i>(Record the names of any persons/agencies involved in decision)</i>	
Names of persons consulted:	Designation:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Signature of DAPO: _____

Signature of PSNI Officer: _____

Date: _____

RESTRICTED WHEN COMPLETE**PJ11**

CC

(please use this number on all future correspondence)

CONFIRMATION OF REFERRAL

Referral on Date: _____ Time: _____

To: _____ Designation: _____

From: _____ Designation: _____

Referrer's Telephone Number: _____

Referrer's Address: _____

Referrer's Email Address: _____

Child's Name: _____ DOB: _____

Home Address: _____

Present Location: _____

Person with parental responsibility: _____ DOB: _____

Address: _____

Telephone Number: _____

Alleged Perpetrator: _____ DOB: _____

Telephone Number: _____

Address: _____

Address where alleged incident(s) has taken place, if known/suspected: _____

RESTRICTED WHEN COMPLETE

Nature of Referral – Comment

(include background of involvement with Social Services or Police)

Form PJ11
06/15

Page 2 of 3
RESTRICTED WHEN COMPLETE

RESTRICTED WHEN COMPLETE**Joint Assessment**

(Considerations, concerning child/sibling, might include assessment of current placement; the CP Register; child protection concern/referral/investigation; missing episodes; attempted suicide/self-harm; misuse of drugs/alcohol; CSE indicators; or if significant person(s) in the child/young person's life is a suspected domestic /sexual abuser, misuses drugs/alcohol etc.)

HAVING REVIEWED THE AVAILABLE MATERIAL/EVIDENCE/HISTORY THE AGREED OUTCOME OF INITIAL JOINT ASSESSMENT IS:

JOINT INVESTIGATION (2.18): ☐ YES ☐ NO

If 'NO' note outcome decided, as below:

- ☐ No Further Action
- ☐ Family Support
- ☐ Police Only Investigation
- ☐ Duty to Investigate (Article 66)

Rationale:

Agreed by: _____ (Social Worker) and _____ (Police Officer)

Completed by: _____ Date: _____

**Referrer to complete Pages 1 and 2, PO to complete Pages 2 and 3.
Completed form to be emailed asap via CJSM to HSCT/CRU.**



Health and Social
Care Board

NORTHERN IRELAND ADULT SAFEGUARDING PARTNERSHIP



Adult Safeguarding Operational Procedures

Adults at Risk of Harm and Adults in Need of Protection

September 2016

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SECTION A

INTRODUCTION

1. Introduction

1.1 Scope of the Operational Procedures

The responsibility for enacting the procedures to protect adults from harm caused by abuse, neglect or exploitation is principally the responsibility of Health and Social Care Trusts (HSC Trusts) and, where a crime is suspected or alleged, the Police Service of Northern Ireland (PSNI).

However, **safeguarding is everyone's business.**

These procedures are intended for use by all organisations working with, or providing services to, adults across the statutory, voluntary, community, independent and faith sectors. This includes paid staff and volunteers.

They describe what organisations need to do to provide a safe environment and how to respond appropriately to situations where an adult is at risk of being harmed or abused.

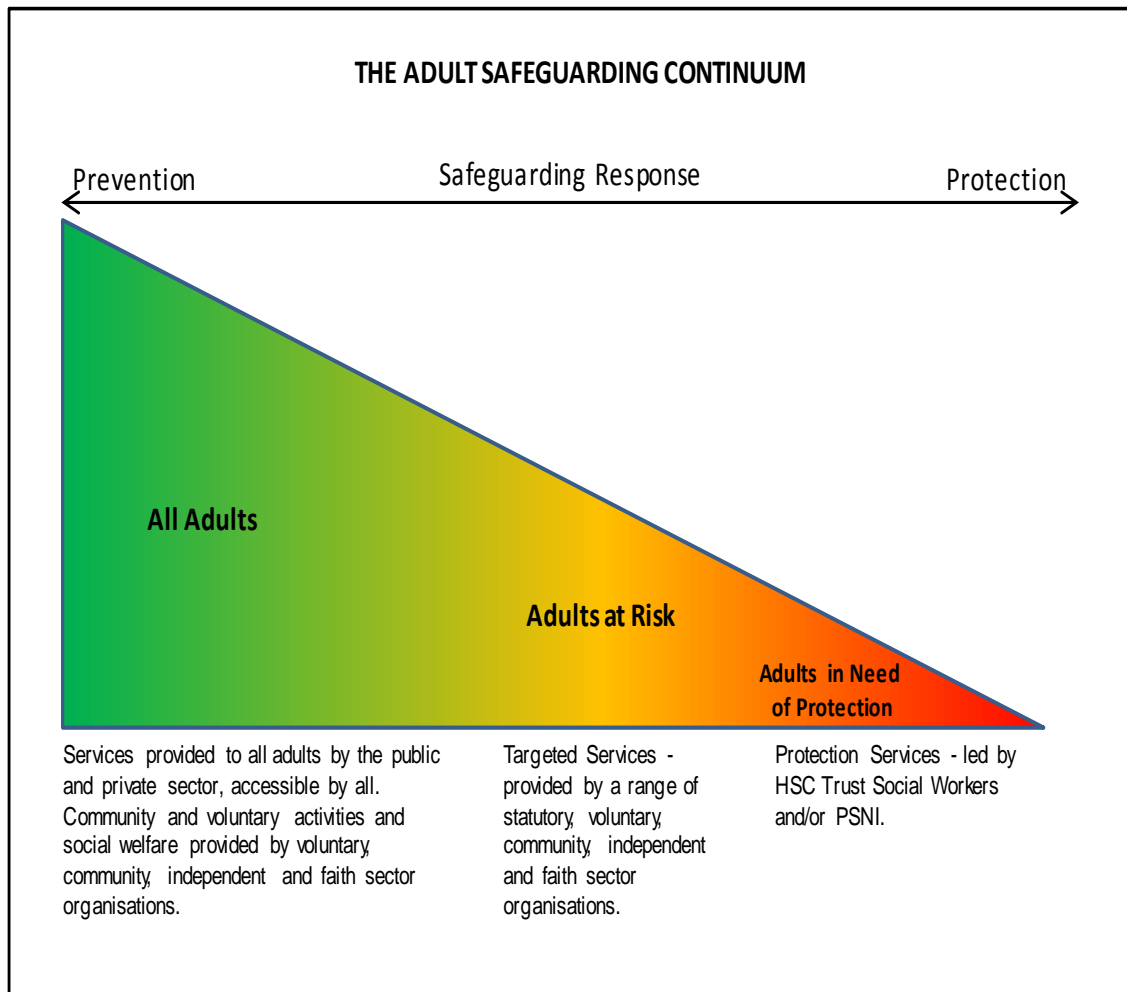
These procedures should be read in conjunction with all other relevant policies, such as:

- Adult Safeguarding: Prevention to Protection in Partnership Policy (DHSSPS 2015)
- Protocol for Joint Investigation of Adult Safeguarding Cases (NIASP 2016)

Safeguarding is a broad continuum of activity. It ranges from the empowerment and strengthening of communities, through prevention and early intervention, to risk assessment and management, including investigation and protective intervention. At all stages along this continuum, safeguarding interventions will aim to provide appropriate information, supportive responses and services which become increasingly more targeted and specialist as the risk of harm increases.

Safeguarding includes activity which **prevents** harm from occurring and activity which **protects** adults at risk where harm has occurred.

The diagram overleaf outlines this continuum



The continuum of adult safeguarding outlines the wide range of organisations involved in people's lives, from the small community activity groups through to larger organisations and statutory services. All organisations should ensure that any service they deliver is underpinned by the principles of respect and treating others with dignity. This is the first and crucial step to ensuring that services are high quality. The focus is on the individual receiving the service which may help to provide support and that harm is prevented. Increasing levels of need and risk are likely to lead to greater targeting of service provision, which, in turn, requires a heightened awareness of risk of harm and more robust measures will be required to prevent harm.

These procedures outline the actions needed to respond to adults at risk of abuse or harm.

1.2 How to Use the Operational Procedures.

These procedures set out broad principles of good practice when responding to situations where adults are at risk or in need of protection. They place the adult at the centre of the safeguarding process and provide some practical guidance on how specific roles such as the Adult Safeguarding Champion should be implemented.

The procedures support professional decision-making, placing a responsibility on practitioners to respond to each individual and their unique circumstances. Each response should be tailored to meet the needs of that individual, working towards the achievement of their preferred outcome.

The procedures do not describe every potential safeguarding scenario and some, such as those involving Domestic Violence or Modern Slavery, require more specialist responses. Guidance on these responses is available elsewhere and practitioners should refer to such detailed advice as necessary.

2. Definitions

2.1 What is Abuse?

Abuse is 'a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to another individual or violates their human or civil rights'¹.

Abuse is the misuse of power and control that one person has over another. It can involve direct and indirect contact and can include online abuse.

The main forms of abuse are:

Physical abuse

¹ Action on Elder Abuse: definition of abuse 1993 which can be accessed at: <http://www.elderabuse.org.uk/Mainpages/Abuse/abuse.html>. This was later adopted by the World Health Organisation - http://www.who.int/ageing/projects/elder_abuse/en/

Physical abuse is the use of physical force or mistreatment of one person by another which may or may not result in actual physical injury. This may include hitting, pushing, rough handling, exposure to heat or cold, force feeding, improper administration of medication, denial of treatment, misuse or illegal use of restraint and deprivation of liberty. Female genital mutilation (FGM) is considered a form of physical **AND** sexual abuse.

Sexual violence and abuse

Sexual abuse is 'any behaviour (physical, psychological, verbal, virtual/online) perceived to be of a sexual nature which is controlling, coercive, exploitative, harmful, or unwanted that is inflicted on anyone (irrespective of age, ethnicity, religion, gender, gender identity, sexual orientation or any form of disability).'²

Sexual violence and abuse can take many forms and may include non-contact sexual activities, such as indecent exposure, stalking, grooming, being made to look at or be involved in the production of sexually abusive material, or being made to watch sexual activities. It may involve physical contact, including but not limited to non-consensual penetrative sexual activities or non-penetrative sexual activities, such as intentional touching (known as groping). Sexual violence can be found across all sections of society, irrelevant of gender, age, ability, religion, race, ethnicity, personal circumstances, financial background or sexual orientation.

Psychological / Emotional Abuse

Psychological / emotional abuse is behaviour that is psychologically harmful or inflicts mental distress by threat, humiliation or other verbal/non-verbal conduct. This may include threats, humiliation or ridicule, provoking fear of violence, shouting, yelling and swearing, blaming, controlling, intimidation and coercion.

Financial Abuse

Financial abuse is actual or attempted theft, fraud or burglary. It is the misappropriation or misuse of money, property, benefits, material goods or other asset transactions which the person did not or could not consent to, or which were invalidated by intimidation, coercion or deception. This may include exploitation,

² The definitions of 'sexual violence and abuse' and 'domestic violence and abuse' are from "Stopping Domestic and Sexual Violence and Abuse in Northern Ireland, A seven year strategy. March 2016.

embezzlement, withholding pension or benefits or pressure exerted around wills, property or inheritance.

Institutional Abuse

Institutional abuse is the mistreatment or neglect of an adult by a regime or individuals in settings which adults who may be at risk reside in or use. This can occur in any organisation, within and outside Health and Social Care (HSC) provision. Institutional abuse may occur when the routines, systems and regimes result in poor standards of care, poor practice and behaviours, inflexible regimes and rigid routines which violate the dignity and human rights of the adults and place them at risk of harm. Institutional abuse may occur within a culture that denies, restricts or curtails privacy, dignity, choice and independence. It involves the collective failure of a service provider or an organisation to provide safe and appropriate services, and includes a failure to ensure that the necessary preventative and/or protective measures are in place.

Neglect

Neglect occurs when a person deliberately withholds, or fails to provide, appropriate and adequate care and support which is required by another adult. It may be through a lack of knowledge or awareness, or through a failure to take reasonable action given the information and facts available to them at the time. It may include physical neglect to the extent that health or well-being is impaired, administering too much or too little medication, failure to provide access to appropriate health or social care, withholding the necessities of life, such as adequate nutrition, heating or clothing, or failure to intervene in situations that are dangerous to the person concerned or to others, particularly when the person lacks the capacity to assess risk.

The Safeguarding Adults: Prevention and Protection in Partnership Policy does not include self-harm or self-neglect within the definition of an ‘adult in need of protection’. Each individual set of circumstances will require a professional HSC assessment to determine the appropriate response and consider if any underlying factors require a protection response. For example, self-harm may be the manifestation of harm which has been perpetrated by a third party and which the adult feels unable to disclose.

Exploitation

Exploitation is the deliberate maltreatment, manipulation or abuse of power and control over another person; to take advantage of another person or situation usually, but not always, for personal gain from using them as a commodity. It may manifest itself in many forms including slavery, servitude, forced or compulsory labour, domestic violence and abuse, sexual violence and abuse, or human trafficking.

This list of types of harmful conduct is neither exhaustive, nor listed here in any order of priority. There are other indicators which should not be ignored. It is also possible that if a person is being harmed in one way, he/she may very well be experiencing harm in other ways.

2.2 Related Definitions

There are related definitions which interface with Adult Safeguarding, each of which have their own associated adult protection processes in place.

Domestic violence and abuse

Domestic violence or abuse is 'threatening, controlling, coercive behaviour, violence or abuse (psychological, virtual, physical, verbal, sexual, financial or emotional) inflicted on anyone (irrespective of age, ethnicity, religion, gender, gender identity, sexual orientation or any form of disability) by a current or former intimate partner or family member'. Domestic violence and abuse is essentially a pattern of behaviour which is characterised by the exercise of control and the misuse of power by one person over another. It is usually frequent and persistent. It can include violence by a son, daughter, mother, father, husband, wife, life partner or any other person who has a close relationship with the victim. It occurs right across society, regardless of age, gender, race, ethnic or religious group, sexual orientation, wealth, disability or geography.

The response to any adult facing this situation will usually require a referral to specialist services such as Women's Aid or the Men's Advisory Project. In high risk cases a referral will also be made to the Multi- Agency Risk Assessment (MARAC) process. Specialist services will then decide if the case needs to be referred to a

HSC Trust for action under the safeguarding procedures. If in doubt, anyone with a concern can ring the Domestic and Sexual Violence helpline (0808 802 1414) to receive advice and guidance about how best to proceed.

Human Trafficking/Modern Slavery

Human trafficking/modern slavery involves the acquisition and movement of people by improper means, such as force, threat or deception, for the purposes of exploiting them. It can take many forms, such as domestic servitude, forced criminality, forced labour, sexual exploitation and organ harvesting. Victims of human trafficking/modern slavery can come from all walks of life; they can be male or female, children or adults, and they may come from migrant or indigenous communities.

The response to adults at risk experiencing human trafficking/modern slavery will always be to report the incident to the Police Service.

Hate Crime

Hate crime is any incident which constitutes a criminal offence perceived by the victim or any other person as being motivated by prejudice, discrimination or hate towards a person's actual or perceived race, religious belief, sexual orientation, disability, political opinion or gender identity.

The response to adults at risk experiencing hate crime will usually be to report the incident to the Police Service.

2.3 Adult at Risk of Harm

An '**adult at risk of harm**' is a person aged 18 or over, whose exposure to harm through abuse, exploitation or neglect may be increased by their personal characteristics and/or life circumstances.

Personal characteristics may include, but are not limited to, age, disability, special educational needs, illness, mental or physical frailty or impairment of, or disturbance in, the functioning of the mind or brain. **Life circumstances** may include, but are not limited to, isolation, socio-economic factors and environmental living conditions.

2.4 Adult in Need of Protection

An '**adult in need of protection**' is a person aged 18 or over, whose exposure to harm through abuse, exploitation or neglect may be increased by their:

A. personal characteristics

and/or

B. life circumstances

AND

C) who is unable to protect their own well-being, property, assets, rights or other interests;

AND

D) where the action or inaction of another person or persons is causing, or is likely to cause, him/her to be harmed.

In order to meet the definition of an 'adult in need of protection' either (A) or (B) must be present, in addition to both elements (C), and (D).

In most situations HSC Trusts will make decisions regarding the degree of risk and level of harm an adult may be facing and decide on the most appropriate action to take. If there is a clear and immediate risk of harm, or a crime is alleged or suspected, the matter should be referred directly to the PSNI or HSC Trust Adult Protection Gateway Service.

If you think a crime has occurred where medical or forensic evidence might still be present consider the need for an urgent referral to the police service and be cautious not to touch or disturb possible evidential material.

SECTION B

ADULTS AT RISK

OF HARM

3. The Adult Safeguarding Champion

3.1 Which Organisations Need an ASC?

Adult Safeguarding: Prevention and Protection in Partnership (2015) sets out the requirement for organisations to have an Adult Safeguarding Champion (ASC). If the organisation or group does not have staff or volunteers who require to be vetted, then it is not required to have an ASC. However, having an ASC is identified as good practice for every group or organisation.

Targeted services include organisations that have staff or volunteers who are subject to **any** level of vetting under the Safeguarding Vulnerable Groups (Northern Ireland) Order 2007.

All providers of targeted services are required to have an ASC and an adult safeguarding policy which demonstrates a zero tolerance of harm to adults.

Members of the public, voluntary and community groups NOT required to have an Adult Safeguarding Champion (ASC) should report all adult at risk or in need of protection safeguarding concerns directly to the HSC Trust Adult Protection Gateway Service. They can do so by phoning the Trust's single point of contact telephone number (see Appendix 2).

3.2 The Role of ASC

The ASC should be within a senior position within the organisation and should have the necessary training, skills and experience to carry out the role. The ASC provides strategic and operational leadership and oversight in relation to adult safeguarding for an organisation or group and is responsible for implementing its adult safeguarding policy.

The ASC is also the main point of contact with HSC Trusts and the PSNI for all adult safeguarding matters. Each organisation should, therefore, ensure that arrangements are in place to provide appropriate cover in the ASCs absence.

The ASC should ensure that, at a minimum, the organisation safeguards adults at risk by:

- Recognising that adult harm is wrong and should not be tolerated
- Being aware of the signs of harm from abuse, exploitation and neglect
- Reducing opportunities for harm, abuse, exploitation and neglect to occur
- Knowing how and when to report adult safeguarding concerns to HSC Trusts and / or the PSNI

3.3 Key Responsibilities of the ASC

1. To provide information, support and advice for staff and/or volunteers on adult safeguarding within the organisation.
2. To ensure that the organisation's adult safeguarding policy is disseminated and support implementation throughout the organisation.
3. To advise the organisation regarding adult safeguarding training needs.
4. To provide advice to staff or volunteers who have concerns about the signs of harm and ensure a report is made to HSC Trusts where there is a safeguarding concern.
5. To support staff to ensure that any actions take account of what the adult wishes to achieve – this should not prevent information about risks of serious harm being passed to the relevant HSC Trust Adult Protection Gateway Service for assessment and decision making.
6. To establish contact with the HSC Trust Designated Adult Protection Officer (DAPO), PSNI and other agencies as appropriate.
7. To ensure accurate and up to date records are maintained detailing all decisions made, the reasons for those decisions and any actions taken.
8. To compile and analyse records of reported concerns to determine whether a number of low level concerns are accumulating to become more significant. These records must be available on request for inspection or by way of service level agreements or contract review meetings.

In larger organisations the ASC may delegate the operational day to day responsibility for safeguarding to an appointed person(s) within their organisation. For example, a provider with a number of Nursing Homes throughout Northern Ireland may choose to delegate some of the tasks of an ASC to a member of staff in each facility. They will then report to the ASC on adult safeguarding matters on a regular basis and assist in the compilation of reports, training needs analyses and data analysis. Organisations who delegate operational tasks to appointed person(s)

must have sufficient numbers to ensure they are accessible to all service areas in the organisation as a source of advice and guidance.

In smaller organisations the ASC may be responsible for all actions relating to adult safeguarding situations, including working with the adult at risk and making referrals to PSNI and/or HSC Trusts.

Contact details for the HSC Trust Adult Safeguarding Gateway Services are contained in Appendix 2.

3.4 Information to be Monitored by an ASC

Most ASCs will already have daily access to a great deal of information that will assist the organisation or group improve the services it provides to adults at risk or in need of protection.

To meet the governance requirements set out in the Policy, the ASC will compile an annual Adult Safeguarding Position Report using the following core data:

- Number of referrals made to HSC Trusts involving both an adult at risk and an adult in need of protection;
- Number of adult safeguarding discussions where the decision taken was to **not** refer to HSC Trust;
- Any untoward event that triggered an adult protection investigation;
- Adult safeguarding training opportunities provided and uptake across staff groups; and
- Any action that your organisation plans to take to ensure it is compliant with Adult Safeguarding: Prevention and Protection in Partnership and to implement the organisation's own adult safeguarding policy.

3.5 The Adult Safeguarding Position Report

The Position Report is an important overview and governance tool for all organisations and groups supporting adults at risk or in need of protection. It will contain significant information for the organisation or group's Senior Management Team and/or Trustees. It should be scrutinised by them on an annual basis.

It would also be appropriate to provide core information from the Position Report in any organisational annual reports or updates.

The Position Reports should be made available for any external audit purposes, for example any audits undertaken by the Local Adult Safeguarding Partnership, and to demonstrate compliance with policies as specified within any contracts with HSC Trusts.

Services that are externally regulated, e.g. by RQIA or CJINI, may also be subject to inspection on adult safeguarding arrangements. The Position Report will be central in demonstrating that the organisation is complying with the requirements of the regional adult safeguarding policy.

If the service or group is contracted to provide services by the HSC normal contract monitoring processes should be used to provide confirmation to the relevant Trust(s) that the safeguarding Position Report is available for scrutiny.

4. Recognising and Responding to Adult Safeguarding Concerns

Staff or volunteers who are concerned about someone who may be experiencing harm or abuse must promptly report these to their line manager or person in charge.

There are a variety of ways that you could be alerted that an adult is suffering harm:

- They may disclose to you;
- Someone else may tell you of their concerns or something that causes you concern;
- They may show some signs of physical injury for which there does not appear to be a satisfactory or credible explanation;
- Their demeanour/behaviour may lead you to suspect abuse or neglect;
- The behaviour of a person close to them makes you feel uncomfortable (this may include another staff member, volunteer, peer or family member); or
- Through general good neighbourliness and social guardianship.

Being alert to potential abuse plays a major role in ensuring that adults are safeguarded and it is important that all concerns about possible abuse are taken seriously and appropriate action is taken.

4.1 When an Adult at Risk Discloses Abuse

In cases where an adult discloses abuse to a staff member or volunteer, it is vital that staff/volunteers know how to react appropriately.

All staff/volunteers should be made aware of to the following guidelines:

Do

- Stay calm;
- Listen attentively;
- Express concern and acknowledge what is being said;
- Reassure the person – tell the person that s/he did the right thing in telling you;
- Let the person know that the information will be taken seriously and provide details about what will happen next, including the limits and boundaries of confidentiality (see leaflet);
- If urgent medical/police help is required, call the emergency services;
- Ensure the immediate safety of the person;
- If you think a crime has occurred be aware that medical and forensic evidence might be needed. Consider the need for a timely referral to the police service and make sure nothing you do will contaminate it;
- Let the person know that they will be kept involved at every stage;
- Record in writing (date and sign your report) and report to the Line Manager/person in charge/Adult Safeguarding Champion at the earliest possible time;
- Act without delay.

Do not

- Stop someone disclosing to you;
- Promise to keep secrets;
- Press the person for more details or make them repeat the story;

- Gossip about the disclosure or pass on the information to anyone who does not have a legitimate need to know;
- Contact the alleged person to have caused the harm;
- Attempt to investigate yourself;
- Leave details of your concerns on a voicemail or by email;
- Delay.

The line manager or person in charge will take any immediate action required to ensure the adult at risk of harm is safe and make a decision as to when it is appropriate to speak with the adult at risk of harm about the concerns and any proposed actions. They must then report the concerns and any action taken to the services appointed person or Adult Safeguarding Champion.

5. Responding to an Adult Safeguarding Concern – the Role of the ASC

When an alert is raised within an organisation in relation to an adult safeguarding concern or disclosure, the ASC or appropriate appointed person, where these tasks have been delegated, will ensure the following actions occur:

- Consider whether the concern is a safeguarding issue or not. This may involve some 'checking out' of information provided whilst being careful not to stray into the realm of investigation.
- **Where immediate danger exists or the situation warrants immediate action** ensure any necessary medical assistance has been sought and refer to HSC Adult Protection Gateway or PSNI.
- Support staff to ensure any actions take account of the adult's wishes.
- Where it has been deemed that it is not a safeguarding issue, other alternative responses should be considered such as monitoring, support or advice to staff or volunteers.
- If it is decided that it is a safeguarding issue, the situation should be reported to the HSC Key Worker where known. If unaware of HSC Key Worker contact details, a referral will be made to HSC Trust Adult Protection Gateway service. The HSC Trust will then conduct a risk assessment and decide what response is appropriate.

- If a crime is suspected or alleged, contact the HSC Adult Protection Gateway Service directly.
- If the concern involves a regulated service, inform RQIA.
- Act as the liaison point for any investigative activity which is required and will ensure easy access to relevant case records or staff.
- Ensure accurate and timely records and any adult safeguarding forms required have been completed.

If an adult at risk does not want a referral made to the HSC Trust or PSNI, the ASC or appropriate person must consider the following:

- Do they have capacity to make this decision?
- Have they been given full and accurate information in a way which they understand?
- Are they experiencing undue influence or coercion?
- Is the person causing harm a member of staff, a volunteer or someone who only has contact with the adult at risk because they both use the service?
- Is anyone else at risk from the person causing harm?
- Is a crime suspected or alleged?

These factors will influence whether or not a referral without consent needs to be made. If in doubt contact the HSCTrust Gateway service for advice and guidance.

If it is determined that the concern(s) do not meet the definition of an adult at risk or an adult in need of protection, the concerns raised must be recorded; including any action taken; and the reasons for not referring to HSC Trust.

The ASC will ensure that records of reported concerns are compiled and analysed to determine whether a number of low-level concerns are accumulating to become significant. If the organisation is regulated by RQIA or other bodies, then the ASC will make records available to them for inspection.

Where the ASC or appointed person is not immediately available, this should not prevent action being taken or a referral being made to the HSC Trust in respect of any safeguarding concern.

In most circumstances there will be an emerging safeguarding concern which should be referred to the relevant HSC Trust for assessment. HSC professionals will determine whether the threshold for an adult protection intervention has been met, or whether alternative safeguarding responses are more appropriate.

6. Responding to an Adult Safeguarding Concern – the Role of the HSC Trust

6.1 Determining if an adult is at risk

On receipt of the adult at risk referral the HSC Trust keyworker will discuss the concern with their line manager to establish the facts of concern and determine if the threshold for an adult at risk is met. Where this is not met they will inform the referrer of the outcome of their decision and make any necessary recommendations for alternative responses.

The line manager must ensure that the adult's immediate needs are met, eg they are in no immediate danger and that any medical assistance required has been sought.

Line managers must refer all cases where there is a clear and immediate risk of harm to the adult or a crime is alleged or suspected, to the PSNI using the emergency police 999 number and the Designated Adult Protection Officer (DAPO) in the HSC Trust Adult Safeguarding Gateway Team. The appropriate documentation should be used (see Appendix 7).

Where the decision is that the adult is potentially at risk of harm the line manager and the keyworker will discuss the appropriate response. This will include an assessment of the risk identified in the referral and review of the care and support needs which will minimise the risk of harm (See Appendix 7). The consent of the adult at risk will be sought (see Section 7:0 below for advice on capacity and consent) and the assessment will include the wishes and views of the adult at risk and where appropriate their family and carers. The keyworker will inform the referrer of the outcome of the assessment and care plan.

6.2 Determining if the Threshold for Referral to the Adult Protection Gateway Service is met

Where a risk assessment concludes that the adult is at risk of or has experienced serious harm, the next step is to consider whether the threshold for referral to the HSC Trust Adult Protection Gateway Service has been met.

Where the line manager determines that the threshold for an adult in need of protection is met, the keyworker refers the concern to the HSC Trust Adult Protection Gateway service (See Section C). The keyworker will advise the adult in need in protection of the decision to refer.

The following thresholds are intended as a guide only. It should be noted that thresholds are not intended to be used as exclusion criteria, but should be used positively to assist professional judgements about making referrals into the HSC Trust Adult Protection Gateway Service, and, critically, to enable informed decisions in respect of the most appropriate or proportionate safeguarding response.

The threshold for referral to the HSC Trust Adult Protection Gateway Service is likely to be met if one or a number of the following characteristics are met:

- the perceptions of the adult(s) concerned and whether they perceive the impact of harm as serious;
- it has a clear and significant impact on the physical, sexual, psychological and/or financial health and well-being of the person affected;
- it has a clear and significant impact, or potential impact, on the health and well-being of others;
- it involves serious or repeated acts of omission or neglect that compromise an adult's safety or well-being;
- it constitutes a potential criminal offence against the adult at risk;
- the action appears to have been committed with the deliberate and harmful intent of the perpetrator(s);
- it involves an abuse of trust by individuals in a position of power or authority; and
- it has previously been referred to a regulated service provider for action, and has not been sufficiently addressed.

If there is doubt about whether the threshold for Adult Protection has been reached, the concern should be discussed with the HSC Trust Adult Protection Gateway Service and a DAPO will advise whether the matter meets the threshold.

Where a criminal act is either alleged or suspected, a report must be made to the PSNI.

NB: In the majority of cases where serious harm has been identified, the threshold for referral to the HSCTrust Adult Protection Gateway Service will have been met. However, in a limited number of circumstances referral to this service may not be the most appropriate response. This may include, for example, a peer on peer incident where capacity is a concern. In such circumstances, an alternative response may be more appropriate (see below)

6.3 Alternative Safeguarding Responses

Where it is determined that the threshold for Adult Protection has **not** been met, other alternative courses of action should be explored with the adult. At all times the least intrusive and most effective response should be made. This is a matter for professional judgement, taking account of the individual circumstances and the wishes and views of the adult and may include:

- a) escalation to the service manager to address any issues about the quality of service provision;
- b) referral to the RQIA for action as the regulator in respect of quality of care concerns or where concerns have been raised and there has been a lack of action by the service provider;
- c) referral to a care manager/key worker for re-assessment and review of service user/carer's needs, views and care plan, or where appropriate a mental capacity assessment;
- d) action taken under complaints procedures;
- e) action taken under human resources/disciplinary procedures and referral to professional bodies, statutory regulatory bodies and/or the Disclosure and Barring Service where appropriate;
- f) referral to an advocacy service;

- g) referral to another service;
- h) a risk management intervention in relation to self-neglect;
- i) a strategy to manage risks within a complex group living environment and the management of challenging behaviour;
- j) no further action required;

or a combination of two or more of the above.

Any safeguarding concerns relating to breaches of regulations or non-compliance with care or service standards are matters for the regulator, regardless of whether the threshold of serious harm has been reached. The HSC Trust should raise such concerns with the RQIA and will then co-ordinate an interagency response. The role of RQIA in inspection and regulation will be critical in the identification and prevention of safeguarding concerns or incidents in a proportionate manner to prevent unnecessary engagement of the Adult Protection Gateway Service.

7. Human Rights, Consent and Capacity

Adults at risk of harm should be central to decisions regarding any actions to prevent or protect them from harm. The adult's reasons for refusal to consent to a referral to the HSC Trust for assessment and support should be explored with them. Consent may be over-ridden in some cases, for example, where the individual lacks the capacity to appreciate the nature of the concerns and the potential consequences to them of not addressing those concerns; where there is a potential risk to others or in the public interest.

If you have any concerns that the adult at risk may not have capacity to consent or may be coming under pressure to refuse consent you should refer to the HSC Trust key worker or HSC Trust Adult Protection Gateway team.

Human Rights, Consent and Capacity, the European Convention for the Protection of Human Rights and Fundamental Freedoms (Human Rights Act 1998)

The Human Rights Act 1998 has been fully effective from 2nd October 2000. It incorporates the European Convention for the Protection of Human Rights and

Fundamental Freedoms into United Kingdom Domestic Law. This makes it unlawful for public authorities to act in a manner which is incompatible with the rights and freedoms guaranteed by the Convention sets out the main Convention Rights enshrined in the 1998 Act.

Decisions taken not to comply with the wishes of the adult in need of protection/adult at risk may constitute a breach of Human Rights legislation. Where consideration is being given not to comply with the wishes of the adults in need of protection adult/adult at risk, the decision taken must be lawful, proportionate and in keeping with what is in the public interest.

Public authorities can interfere with an individual's rights providing it is lawful, proportionate and necessary in a democratic society.

Lawful means 'prescribed by law' and the legal basis for any restriction on rights and freedoms must be established and identified. Reporting a relevant offence, as defined in the Criminal Law Northern Ireland Order (1967), is not only lawful but a legal requirement on public authorities.

Proportionate means the proposed action is viewed by any reasonable person as fair, necessary and the least restrictive in order to benefit the individual.

Necessary in a democratic society means

- (1) Does it fulfil a pressing social need?
- (2) Does it pursue a legitimate aim? And
- (3) Is the proposed action in the public interest taking into consideration whether other Adults at risk or children may be at risk of harm?

7.1 The Decision Making Process

In applying the key principles of lawfulness, proportionality and whether it is necessary in a democratic society, a public authority representative must ask the following questions:

- Is there a legal basis for my actions?
- Is it proportionate and necessary in a democratic society?

- Is the procedure involved in the decision-making process fair and does it contain safeguards against abuse?
- Was there an alternative and less restrictive course of action available? (The Intervention should be strictly limited to what is required to achieve the objective).
- Is the restriction required for legitimate purposes?
- If I fail to interfere with this individual's rights could there be a more serious outcome in not affording the individual adequate protection in fulfilment of their human rights?

Decisions to interfere with an individual's rights may be subject to scrutiny by the Courts. However, if public authorities can show that they applied the relevant Human Rights principles when making their decision, they are less likely to be overruled. It is very important to keep notes and decisions should be recorded in full.

7.2 Consent

The wishes of the adult in need of protection are of paramount importance in all cases of alleged or suspected abuse. Where a crime is suspected the issue of possible PSNI involvement should be discussed with the adult in need of protection.

The consent of the adult in need of protection for contact with the PSNI should be sought as a first step.

The adult in need of protection should be provided with as much information as possible to assist them in making an informed decision regarding how they wish the situation to be handled. They should be fully advised by the Trust key worker and/or Designated Adult Protection Officer (DAPO) of the Protocol for Joint Working process and of their right to have a referral made to the PSNI. The adult in need of protection should also be informed if this is a referral to PSNI for action, or whether consultation on the need for a Joint Agency approach is required.

The adult in need of protection should be advised that agreeing to a Joint Agency consultation does not in itself constitute agreement to a full PSNI investigation. The benefits of a Joint Agency consultation in terms of information gathering should be explained. Their entitlement to full consultation and involvement at each stage in the

Joint Protocol process should also be emphasised. All staff involved must ensure that this person centred approach is strictly adhered to.

Details of all supports available to an adult in need of protection as outlined in 'Achieving Best Evidence in Criminal Proceedings: Guidance on interviewing victims and witnesses, the use of special measures and the provision of pre-trial therapy' (2012) should also be provided.

In the majority of cases where the adult in need of protection is deemed to have capacity, the PSNI will only proceed to a full investigation with the consent of the adult in need of protection. In practice this will mean that the adult in need of protection should be willing to make a complaint to the PSNI. However, there are some exceptions to this.

7.3 Dispensing with Consent

In exceptional circumstances, the DAPO may need to consider overriding the wishes of an adult in need of protection if they do not consent to a joint agency consultation with the PSNI. These include situations where:

1. There is reasonable evidence or information to indicate that a possible relevant offence has been committed and the Trust have a legal obligation to report to the PSNI.
2. There is a significant query regarding the individual's capacity to make an informed decision and therefore their ability to give or withhold consent is in question. Actions taken must be proportionate to the level of concern and the views of substitute decision makers.
3. Information available clearly demonstrates that the individual is subject to substantial undue influence or coercion.
4. There is a significant risk to other adults at risk and/or children.
5. The likelihood of further harm is high and there is a substantial opportunity to prevent further crime.

The PSNI also have the authority to investigate alleged or suspected criminal abuse where this is agreed to be in the best interests of the adult in need of protection and or others.

The above list indicates possible situations where the DAPO may need to consider overriding the wishes of an adult in need of protection adult. The list is not exhaustive. Cases will need to be assessed on a case by case basis and requirements in relation to making decisions which are lawful, proportionate and necessary in the public interests are applicable.

7.4 Acting without Consent in Emergency Situation

In situations where the adult in need of protection is in imminent danger it may not be possible to discuss with them their wishes and obtaining a valid consent may not be achievable. Trust staff, under these circumstances, should take whatever action they feel is appropriate to protect the adult in need of protection, including seeking medical and/or PSNI intervention.

Where there is no information and/or clarity regarding the wishes of the adult in need of protection and it is safe to do so, consideration should be given to deferring a decision re a joint agency consultation until such time as the adult in need of protection's views and permission can be sought. The DAPO will need to consider this on a case by case basis, mindful that a number of factors will need to be taken into account. Where a decision is taken to consult with the PSNI and the adult in need of protection has not consented to this, a detailed rationale for this decision should be recorded.

7.5 Capacity

There should be no assumptions made regarding an individual's capacity or incapacity and in the first instance unless there is contrary information, every individual should be viewed as having the capacity to make decisions about their own situation. However, if an issue is raised in relation to any individual's cognitive ability to make an informed decision about their safety, the DAPO should ensure a capacity assessment is completed.

Capacity assessments/reassessment should determine:

- a. the extent to which the adults in need of protection/adult at risk is able to make informed decisions about their safety and protection.

- b. whether the adults in need of protection adult/adult at risk is able to make a complaint to the PSNI and/or give legal instruction.
- c. whether the adults in need of protection adult/adult at risk has the capacity to be interviewed by the PSNI.

Capacity assessments will also inform the assessment of the needs of the adult at risk or in need of protection.

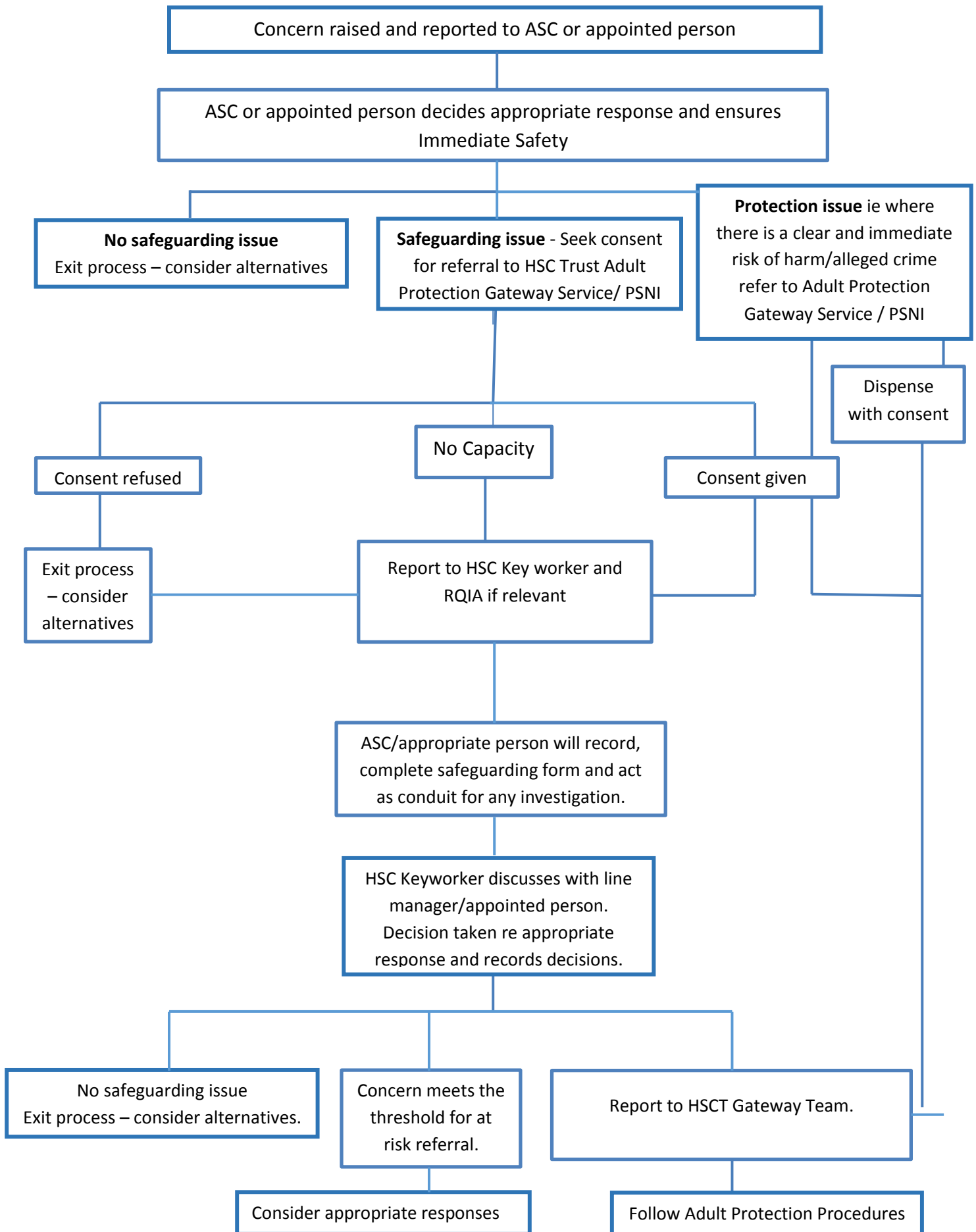
Formal capacity assessments should be carried out by an appropriately trained professional. In cases where the adult in need of protection is already known to specialist services the professional involved may be able to provide an informed opinion in relation to the individual's capacity.

It is important to remember that an individual's capacity to consent to any course of action, decision or intervention may fluctuate. A capacity assessment should not, therefore, be considered as a one-off event. DAPOs should ensure that issues of capacity are constantly borne in mind throughout any safeguarding or protection interventions.

The onus is on professionals such as nurses and social workers to ensure that any intervention where the individual is considered to lack capacity is respectful of the person's human rights and that actions are both proportionate and lawful.

It is important to note that any and all information provided by an adult in need of protection is relevant and should be considered in a safeguarding context.

PATHWAY FOR DEALING WITH CONCERNS



SECTION C

SAFEGUARDING ADULTS

IN NEED OF

PROTECTION

Introduction:

These procedures set out the process to be followed in reporting and responding to concerns that an adult is at risk of harm and may be in need of protection (see Appendix 3, Six Stages of the Adult Protection Process).

8. Roles and Responsibilities

Safeguarding is everyone's business and includes the decision to make a referral when there is a concern relating to an adult in need of protection. There will however be more specific roles and responsibilities within the process and these will be discussed in more detail in the relevant section of the protection process (see below).

8.1 Designated Adult Protection Officer

A Designated Adult Protection Officer (DAPO) will be responsible for the management of each referral received by a HSC Trust. DAPOs will be in place both within the Adult Protection Gateway Service, and within core service teams.

Every DAPO must:

- ❖ Be a qualified social worker at Band 7 seniority or above;
- ❖ Have first line management responsibilities, or in a senior practitioner role;
- ❖ Be suitably experienced; and
- ❖ Have undertaken the required training as outlined in the Northern Ireland Adult Safeguarding Partnership Training Framework (2016).

The role of the DAPO is to

- ✓ Complete an initial screening against the thresholds for serious harm. Where this threshold has not been met, the DAPO should consider all alternative safeguarding responses
- ✓ Manage and coordinate the adult protection intervention;
- ✓ Provide formal/informal support and debriefing to the Investigating Officer/ABE interviewer;
- ✓ Analyse the adult safeguarding data within their service area and contribute to governance arrangements as appropriate; and

- ✓ Ensure that the connections are made with related interagency mechanisms such as:
 - Multi Agency Risk Assessment Conference (MARAC)
 - Domestic and sexual violence services
 - Public Protection Arrangements in Northern Ireland framework (PPANI)
 - Human trafficking and modern slavery procedures
 - Hate Crime Practical Action Scheme
 - The Office of Care and Protection (or equivalent)
 - Child Protection Gateway Service
 - Business Services Organisation Counter-Fraud Unit.

The DAPO may decide to close the adult protection process at any stage if

- ✓ It is agreed that further investigation, assessment or intervention is not required to protect the adult;
- ✓ The DAPO decides that an alternative safeguarding response is more appropriate, proportionate and effective to address the concern identified;
- ✓ A Protection Plan has been agreed and is in place and is effectively addressing the needs of and the risks to the adult and there is no need to conduct an investigation; or
- ✓ The adult chooses to withdraw from the protection process.

Where the safeguarding concern relates to the quality of care provided to an adult in receipt of a regulated HSC service, the DAPO will engage the Regulation and Quality Improvement Authority (RQIA) to ascertain whether the provider is in breach of regulation or minimum standards. The RQIA will act on all safeguarding concerns where there are breaches of standards or regulation and, where necessary; use their powers of improvement or sanction to ensure that the provider addresses any breach of the minimum standards to the satisfaction of RQIA.

Where there are multiple adults in need of protection the DAPO will also

- ✓ Liaise and agree with other potential DAPOs who will take lead responsibility.
- ✓ Agree joint working and feedback arrangements as necessary.

This is critical:

- a) In cases where there is more than one programme of care involved in delivering a service.
- b) If the adult in need of protection is in a care environment outside their home e.g. Acute Care.
- c) Where there is more than one Trust involved in the provision of care (Ref Section 10 on Large Scale and Complex Investigations).

8.2 The HSC Investigating Officer

The Investigating Officer must be a HSC Trust professionally qualified practitioner (Band 6 and above). Investigating Officers **must** receive specific training as set out in the NIASP Training Framework prior to undertaking the role.

Their role is to carry out an assessment of risk, collate and analyse all available information, determine how best to protect the adult in need of protection and/or others, to explore alternatives available and to provide advice and support.

The Investigating Officer, alongside relevant professionals, will be responsible for direct contact with the adult in need of protection, their carers and relevant others.

While carrying out these duties, the Investigating Officer will be guided and supported by the DAPO. The Investigating Officer will:-

- ✓ Meet with the adult in need of protection and carer/relative separately to establish the preliminary information.
- ✓ Investigate allegations and concerns as directed by the DAPO. The investigation should take the form of an assessment of risk, needs and, where appropriate, a carer's assessment. This will inform the review and updating of the interim protection plan.
- ✓ Inform the adult in need of protection of expressed concerns and the Adult Protection investigation process. The investigation process should ensure that the wishes/choices of the adult are paramount.
- ✓ Inform the adult in need of protection of his/her rights to protection under law.
- ✓ Support the adult in need of protection through the assessment process.

- ✓ Keep the adult in need of protection informed and updated throughout the investigation process to ensure informed decision making.
- ✓ Identify needs and supports which may be required by the person alleged to have caused the harm and, where appropriate, refer on for professional input and support.
- ✓ Commission medical or other specialist assessments, where appropriate.
- ✓ Inform and liaise with relevant professionals and significant others as appropriate.
- ✓ Make a clear record of the investigation process.
- ✓ Keep the DAPO informed of the investigation process and outcome of the assessment, risks and ongoing concerns.
- ✓ Provide an investigation report for a case conference/review. This report must include an analysis of the findings with a conclusion and, where appropriate, make recommendations.
- ✓ Ensure the implementation of any care and protection plan as agreed with the DAPO.

8.3 The HSC Achieving Best Evidence Interviewer

The specialist Achieving Best Evidence (ABE) Interviewer must be a professionally qualified Social Worker. Specialist Interviewers must have completed Investigating Officer training, Joint Protocol training and ABE training prior to undertaking the role.

The Specialist Interviewer will be responsible for planning and conducting interviews with service users who may have been the victim of a crime. These interviews will be undertaken jointly with the PSNI and in accordance with the guidance laid out in “Protocol for Joint Investigation of Adult Safeguarding Cases (2016)” and “Achieving Best Evidence in Criminal Proceedings” (2012).

The Pre Interview Assessment, where possible, will be conducted by the same person conducting the ABE Interview. (See also Protocol for Joint Investigation of Adult Safeguarding Cases (2016) and Achieving Best Evidence in Criminal Proceedings (2012)).

8.4 Line Manager

On receiving an allegation or concern of abuse the line manager must ensure that the adult's immediate needs are being met; i.e. that they are in no immediate danger and that medical assistance if required is sought. The line manager must consider the need for emergency PSNI intervention. For example, where there remains immediate risk of harm to the adult in need of protection or others the line manager must contact the emergency PSNI number, 999.

Line managers must refer all cases where there is a clear and immediate risk of harm or a crime is alleged or suspected regarding an adult at risk to the PSNI or the DAPO in the HSC Trust Gateway Service using the relevant regional referral and recording systems, including where there are concerns that physical harm has occurred, a body map or diagram completed by an appropriately trained person.

In most circumstances there will be an emerging safeguarding concern which should normally be referred to the HSC Trust for a professional assessment of risk. It will be a matter for the HSC professional to judge whether the threshold for an adult protection intervention has been met, or whether alternative responses are more appropriate.

In circumstances where the care manager for the service user is from another HSC Trust, the referral should be made to the Adult Safeguarding Gateway Service in the placing HSC Trust. The line manager must also notify the host Trust for information purposes as this may be relevant to other current concerns (refer to section 15.2). In instances where the person who has allegedly caused the harm is also an adult at risk the line manager should ensure necessary arrangements are in place to support them.

In instances where the allegations are made against a member of staff, the line manager will be responsible for the instigation of appropriate protection measures which may involve staff such as redeployment, being placed on restricted duties or precautionary suspension and any subsequent disciplinary procedures. The line manager must consult with the responsible DAPO to ensure that Disciplinary Procedures run parallel to the adult protection investigation. It is essential in these circumstances that close communication and sharing of information is maintained

between the line manager, DAPO and Human Resources. (See section on Guidance on the Co-ordination of Adult Protection Investigations with Human Resource and/or PSNI Investigations)

8.5 HSC Regional Emergency Social Work Service

The Regional Emergency Social Work Service (RESWS) provides an emergency social work service outside normal office hours including weekends and public holidays. These are 5pm to 9am Monday to Thursday and 5pm on Friday to 9am on Monday. There is 24 hour cover over public holidays.

The RESWS responds to a wide range of people in crisis and deals with situations which cannot be left until the next working day. People in crisis can include older people, people with mental health issues, learning disabilities, physical disabilities, potential victims of human trafficking and children and young people.

There are a number of situations in which the RESWS will become involved or work with other agencies to ensure the safety of an individual and others who may be at risk. Examples of emergency situations are where:

- There are immediate significant protection and welfare concerns in relation to an adult at risk and/or an adult in need of protection;
- There are immediate significant protection and welfare concerns in relation to children and young people;
- Urgent advice and/or support is required by families or carers;
- Older people are at risk;
- There is consideration that compulsory admission to hospital under the Mental Health Order (NI) 1986 is required.

Staff within RESWS will provide an adult safeguarding and adult protection service where required and Managers within the RESW will fulfil the role of Designated Adult Protection Officers (DAPOs) when required RESWS will respond to all elements of the role in emergency situations which require an urgent response.

8.6 Role of Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority (RQIA) has a key preventative role in adult safeguarding practice. As the independent regulator, RQIA has both a

responsibility and the authority to ensure that safety and quality of care concerns which put service users at risk are addressed in the services which they inspect. The RQIA also has a key role in service improvement with the aim of encouraging improvement in the quality of the services they inspect and securing public confidence in the provision of those services by keeping the Department of Health, Social Services and Public Safety informed of their availability and their quality.

Governance information is essential to RQIA in the conduct of its inspections and reviews. It assists with the assessment of the service with specific regard to safeguarding performance. There are core governance elements which should be included in all inspections conducted within regulated services. These are the number, nature and outcome of:

- complaints made;
- safeguarding concerns raised with the Adult Safeguarding Champions;
- notifiable incidents or accidents which occurred as appropriate to that service setting; and
- any disciplinary procedures conducted.

Enforcement action is an essential element of the responsibilities of RQIA. There is a range of enforcement options which RQIA can use to ensure compliance with regulations and minimum standards, to effect improvements and to afford protection to service users. In most circumstances, and where appropriate, RQIA will make recommendations and requirements for quality improvement through regulation and inspection activity. Where a service is identified as being at risk of failing to meet minimum standards and/or comply with regulations, RQIA will consider the various options to enable the registered establishment or agency to make the necessary improvements. RQIA will normally adopt a stepped approach to enforcement. However, this would not rule out the option of moving directly to legal action, including prosecution, if the circumstances require. RQIA may increase inspection activity to monitor compliance and ensure that the necessary improvements are being made. RQIA may escalate enforcement actions at any time, proportionately and in relation to the level of risk to service users and the seriousness of any breach of regulation. RQIA will follow up enforcement action to ensure that quality improvements are achieved. In certain circumstances, where there is deemed to be

a risk of serious harm to service users, RQIA may take urgent action. Such circumstances include, but are not exclusive to, those falling under the Protocol for Joint Investigation of Alleged and Suspected Cases of Abuse of Vulnerable Adults (2009). This may involve, where necessary, using its powers to cancel registration and/or to seek the urgent closure of a registered service. RQIA publishes its enforcement policy and procedures online, along with copies of its inspection reports³.

The RQIA will notify any serious concerns in relation to the quality of service provision or risk of harm to an individual/s to the relevant HSC Trust or the PSNI, and will be a key partner contributing to investigations with the other agencies to protect adults at risk who are in receipt of a regulated service

9. Adult Protection Procedures

Each adult protection intervention is likely to be unique and the response made must allow for flexibility and individualised decision-making. It is important that each adult protection intervention is conducted without undue delay, remains outcome focused, rather than process driven, and is subject to ongoing monitoring and review at an appropriately senior level. At all stages throughout the adult protection intervention, consideration should be given to whether the threshold for the Adult Protection Gateway Service continues to be met. Any action necessary to address immediate protection needs of the adult must be taken regardless of which stage of the process has been reached.

10. Stage 1 Screening the Adult Protection Referral

On receipt of a referral the DAPO will take the following actions:

- Consider immediate safeguards for the adult and take appropriate action to meet identified safety needs.
- Ensure that a face to face contact with the adult in need of protection is completed without undue delay.
- Clarify basic facts and determine if the adult meets the definition of an adult in need of protection.

³ RQIA publications are available on www.rqia.org.uk

- Determine whether the threshold for serious harm (Appendix4) and the threshold for referral to the HSC Trust Adult Protection Gateway Service are met. This is likely to be met if one or a number of the following characteristics are met:
 - ✓ The perceptions of the adult(s) concerned and whether they consider the impact of harm as serious;
 - ✓ It has a clear and significant impact on the physical, sexual, psychological and/or financial health and well-being of the person affected;
 - ✓ It has a clear and significant impact, or potential impact, on the health and well-being of others;
 - ✓ It involves serious or repeated acts of omission or neglect that compromise an adult's safety or well-being;
 - ✓ It constitutes a potential criminal offence against the adult in need of protection;
 - ✓ The action appears to have been committed with the deliberate and harmful intent of the perpetrator(s);
 - ✓ It involves an abuse of trust by individuals in a position of power or authority; and
 - ✓ It has previously been referred to a regulated service provider for action and has not been adequately addressed.
- If referral does not meet the above protection thresholds, the DAPO will advise referrer and agree appropriate alternative safeguarding responses. At all times the least intrusive and most effective response should be made.
- Where the HSC Trust Adult Protection Gateway Service DAPO determines that an alternative course of action is appropriate, there must be mechanisms in place to ensure that the outcomes of this action is reported back to the DAPO;
- Consideration of consent is central to adult safeguarding. Consent is a clear indication of a willingness to participate in an activity or to accept a service, including a protection service. It may be signalled verbally, by gesture, by willing participation or in writing. No one can give, or withhold, consent on behalf of another adult unless special legal provision for particular purposes has been made for this. For consent to be valid it

must be given voluntarily by an appropriately informed person who is able to consent to the intervention being proposed. In cases where the individual lacks capacity, decisions will usually be made on behalf of the individual in accordance with current legal provisions. If the person has no suitable family or friend who can be consulted with regarding their best interests, an advocate may be appointed.

- Where there is a query regarding the capacity of the adult to consent to the referral, the DAPO should screen the referral into the adult protection process pending the completion of a capacity assessment. The absence of a capacity assessment must not delay the protection of an adult in need. It is important that a capacity assessment is undertaken as soon as possible. It may be established that with the appropriate support, the adult in need of protection is able to make their own decisions.
- In some circumstances it may be necessary for the withholding of consent to be overridden. Where consent to intervene is not provided by the adult at risk, the DAPO may decide to progress a case in circumstances where there is a strong overriding public interest, or where a crime is alleged or suspected. This may happen when:
 - The person causing the harm is a member of staff, a volunteer or someone who only has contact with the adult at risk because they both use the service; or
 - Consent has been provided under undue influence, coercion or duress;
 - Other people are at risk from the person causing harm; **or** a relevant and reportable crime is alleged or suspected In these circumstances, the adult should be informed of that decision, the reason for the decision, and reassured that as far as possible no actions will be taken which affect them personally without their involvement. Consideration should be given to any support the adult may need at this time, as they may be distressed by the prospect of their information being shared without their consent.
- The DAPO must ensure that the HSC staff member communicating with the adult in need of protection has sufficient knowledge of the Protocol for Joint Investigation of Adult Safeguarding Cases to provide relevant

information in order that the adult in need of protection can make an informed decision in relation to PSNI involvement.

- If the allegation is a potential crime there must be consideration of the application of the Protocol and immediate liaison with the PSNI to avoid contamination of evidence.
- Consider if there are other adults or children in need of protection.
- Consider any indicators of potential human trafficking or modern slavery and, if relevant, refer to regional guidance.
- Inform other relevant organisations of the nature of the allegation and the actions being taken.
- Complete the relevant electronic information system.
- Complete the relevant documentation advising the referrer of outcomes of the screening decision. The referrer, if appropriate, notifies service user / family with due regard to maintaining the safety of the service user in need of protection.
- Where appropriate, the Gateway DAPO will forward the screened referral to the most appropriate DAPO within core operational services to take the lead role in initiating, convening and chairing a strategy planning meeting/discussion. Feedback should be given to the person who made the referral, taking into account confidentiality and data protection issues.

10.1 Supporting an Adult at Risk Who Makes Repeated Allegations

An adult at risk who makes repeated allegations that have been investigated and are unfounded should be treated without prejudice. Each allegation must be responded to and recorded under these procedures. A risk assessment must be undertaken respecting the rights of the individual and measures taken to protect staff and others and a case conference convened, where appropriate.

10.2 Responding to Family Members, Others Who Make Repeated Allegations

Allegations of abuse made by family members or others should be investigated without prejudice. However, where repeated allegations are made and there is no foundation to the allegations and further investigation is not in the best interests of the adult in need of protection, then the appropriate HSC Trust Director should make a determination in consultation with relevant others about an appropriate response.

10.3 If a Referral is Received after an Adult in need of protection has Died:

The referral or complaint may contain an allegation or suspicion that abuse or neglect could have been a contributory factor in the person's death. The allegation may be made by a family member or friend, a concerned member of staff who is 'whistleblowing', or as a result of a report from the Coroner. Such information should immediately be passed to the relevant DAPO who will consider whether a referral to the PSNI is required. If the deceased was in receipt of services at the time of their death, such a referral will give rise to action under the regional Serious Adverse Incident (SAI) reporting procedures. As part of the SAI process, the HSC Trust will consider whether there are potential risks to other adults and, if necessary, will initiate a protection investigation to address these specific concerns.

10.4 Outcome of Screening:

There is Insufficient Information to Determine if an Investigation is Required

Additional information is to be sought to inform the type of investigation needed or to provide a rationale for a decision not to investigate under Adult Protection.

The Threshold of Adult in Need of Protection IS NOT MET

Where it is determined that the threshold for Adult Protection has not been met, other alternative courses of action should be explored with the adult. At all times the least intrusive and most effective response should be made.

At every stage the adult's human rights must be considered, and evidence of the impact of any decision on those rights recorded. The adult's rights, needs, views and wishes, should be central to the protection intervention to ensure that they receive the support needed to achieve an agreed outcome.

A decision to close the Adult Protection process must be agreed by all relevant organisations and signed off by the DAPO. The reasons for closing the Adult Safeguarding process should be recorded and a copy sent to strategy meeting attendees. The adult at risk should have a copy of the decisions that takes into account issues of confidentiality and the need for protection of personally identifiable information.

The Threshold for Referral to Adult Protection Gateway Service is Met: -

The DAPO will proceed with the management of the protection process.

11. Stage Two: Strategy Discussion

11.1 Purpose of the Strategy Discussion

Strategy meetings provide a forum for professionals and agencies to work together to ensure a coordinated investigation and protection response. They are an opportunity to address any potential conflicts between agencies at an early stage. They also provide the opportunity for clarification of roles and responsibilities in relation to HSC Trust, PSNI, RQIA and where applicable an employing organisation.

In complex situations the strategy discussion is normally a meeting of key people to decide the process to be followed after considering the initial available facts.

However, there may be occasions when a telephone discussion would be more appropriate and proportionate, eg emergency situations. There must be careful consideration about the most appropriate way to ensure the wishes of the adult in need of protection are at the centre of the decision making at a strategy discussion.

Every effort should be made prior to the meeting to explain its purpose to the adult in need of protection to find out their concerns, what they want to happen and how they want to be involved in what is decided. This can be done either by the keyworker or the Investigating Officer, or both if this is deemed most appropriate.

11.2 Supporting the Adult in Need of Protection:

The wishes of the adult in need of protection are central to the process and will, as far as possible, direct any decision-making. However, there may be circumstances in which the person concerned about the adult in need of protection may not be best placed to seek their consent to a referral being made, or the person clearly states that they do not want a referral to be made.

Whilst the wishes of the adult should always be the paramount consideration, it is important to remember that there will be circumstances when other factors mean this may not be possible, for example, where there appears to be undue influence or

coercion or another person is suspected to have influenced the adult's decision or other people may be at risk or it constitutes a relevant offence.

The strategy meeting will consider the wishes of the adult in need of protection as to who will support them throughout the adult protection process if this is required.

During this process those involved must:

- Ensure that the adult in need of protection is given every opportunity to speak in private regarding their concerns, taking care not to place the adult in need of protection at greater risk.
- Inform the person of advice, support, assistance or services available.
- Offer the use of an advocate if this would be beneficial.
- Decide what information legally can be shared with next of kin. This may vary in differing circumstances either due to consent and capacity issues or through the choices of the adult in need of protection. The principles of best interests and information sharing apply. Good practice will evidence the rationale for the decision to share such information.
- Promote the human rights of the adult in need of protection.

11.3 Role of DAPO at the Strategy Discussion

The DAPO must ensure that an adult protection strategy discussion is convened and chaired, and minutes taken and circulated. The DAPO will invite those who will provide critical or relevant information that will inform decision making to attend and/or provide a written report. This may include, for example, the PSNI or RQIA.

The DAPO will also invite those who will be required to implement the various elements of any protection plan. In respect of regulated services this will include the Regulator. If the allegation involves a member of staff or paid carer, the strategy discussion will be attended, where appropriate, by:

- PSNI
- RQIA
- The authorised officer for contracts
- The HSC Trust commissioning manager/Contracts Manager
- The Human Resources officer
- The line manager of the member of staff

- A senior manager of the employing organisation

Where a formal strategy meeting is convened of any individual requested to attend should treat the request as a priority. In exceptional circumstances, if no one from the organisation is able to attend, they should provide written information as requested and ensure it is available at the meeting.

In most cases it would be deemed to be good practice for a strategy discussion to take place as soon as possible. It is important that each adult protection intervention is conducted without undue delay, and remains outcome focused, rather than process driven. There can be complex issues to be managed such as fluctuating capacity to make decisions and complex investigations that may require interagency collaboration and consultation including cooperation with any PSNI investigations.

Nonetheless, it is important that all adult protection interventions are progressed in a timely manner, and must not be allowed to drift unnecessarily. HSC Trusts must ensure that the timeliness of interventions will be monitored and reviewed at an appropriately senior level.

11.4 Role of Line Managers in Strategy Planning

Line Managers may be required to take part in a strategy discussion in relation to service delivery and /or in relation to a member of staff. The Line Manager will be asked to contribute information about potential risk to inform the protection plan.

Line managers will implement any actions agreed and, in conjunction with the DAPO, they will agree what information will be shared with the person raising the concern and the adult in need of protection. Line managers may also be responsible for taking protective actions in relation to the person who has allegedly caused the harm. They will record all conversations, meetings with the person who allegedly has caused the harm, feedback to the DAPO, refer to HR for advice and notify appropriate professional and regulatory bodies as required.

NB where a PSNI investigation has commenced, it will be necessary to seek PSNI permission prior to interviewing a member of staff under disciplinary procedures, in case this interferes with PSNI procedures.

11.5 Adult Protection Strategy Discussion

The strategy discussion must demonstrate the following actions have been undertaken.

- Review the screening decision, including any requirement to refer to PSNI
- Consider the wishes of the adult in need of protection
- Clarify the mental capacity of the adult in need of protection to make decisions about their own safety. Arrange for an assessment by the most appropriate person, if required
- If the person does not have mental capacity, decide how they will be supported to be involved as much as they are able, and/or who is a suitable person to act in the person's best interests.
- Consider the use of advocacy if appropriate
- Identify any communication needs of the adult in need of protection
- Discuss the nature of the concerns and review preliminary risk assessment and interim protection plan
- Consideration should be given to the safety and wellbeing of other adults or children. Where appropriate, refer to children's Gateway Service and/or Adult Gateway service.
- Consider the human rights for both the adult in need of protection and the person alleged to have caused the harm who may also be an adult at risk.
- Review and record available, relevant information and determine any further information required. Discussions should include decisions about sharing of information.
- Agree the most appropriate way of responding to the concerns identified, e.g. Single agency PSNI investigation; Single agency HSC Trust investigation; Joint Protocol investigation; disciplinary investigation; family group conference; care planning; risk management meeting; or formal complaint in order to create and implement a protection plan. The detailed rationale for this decision must be recorded and will be subject to audit.

- Where a decision has been made that an investigation will take place, agree an investigation plan to include timescales for same and how it should be conducted and by whom.
- Agree a clear rationale for the actions to be undertaken and by whom.
- Agree a communication strategy including who should inform service user/carer/advocate of outcome of strategy discussion.
- Consider the need to inform other regulatory/professional bodies.
- Circulate minutes to all invitees within ten working days using the appropriate regional pro forma (Appendix 6).
- If the investigation is likely to be prolonged, other strategy meeting(s) must be held to ensure that actions are progressed and the interim protection plan is providing adequate safeguards for the adult at risk (and other individuals at risk if necessary).
- Full cooperation will be afforded to police investigations and in such cases the DAPO must ensure appropriate care and protection plans are in place to protect and safeguard the adult in need of protection. It will be necessary to consult with PSNI before proceeding with any internal organisational investigations such as disciplinary proceedings
- Regular contact should be maintained between the DAPO and the PSNI representative during the PSNI investigation process, and the position communicated to the staff member's manager and HR representative (particularly as the suspension/transfer decision must be reviewed every 4 weeks).

11.6 Coordination of Adult Protection and Disciplinary Investigations:

The focus of a Disciplinary Investigation is to determine if a staff member has breached disciplinary rules, which may require disciplinary action to be taken. The threshold for decision-making is whether there is a case to answer 'on the balance of probabilities'.

The different focus of protection and disciplinary investigations will require separate reports to be prepared. However, coordinating the process by which each investigation gathers information will make the best use of the Trust's skills and expertise, avoid duplication, and avoid undue delay.

11.7 Decisions to be Taken at the Strategy Meeting When the Person Alleged to Have Caused Harm is Also an Adult at Risk

The primary focus of the strategy meeting or discussion is the adult in need of protection. However, it may be necessary to hold a separate multi-agency meeting to address the needs and behaviour of the person causing the harm. Decisions that will need to be taken at the strategy meeting in relation to the person causing the harm will include:

- How to co-ordinate action in relation to the adult at risk causing the harm.
- Identification and allocation, of a separate care manager/keyworker in order to ensure that the needs of the adult at risk causing the harm are met and that a care plan is devised to ensure that other adults at risk are not also put at further risk from that person's actions.
- Whether there is likely to be a criminal prosecution (if known at this point).
- What information needs to be shared and with whom.

The DAPO will maintain communication with those concerned with the care of the adult at risk who is also alleged to be the person causing harm.

In all situations, the care manager/key worker representing the adult at risk and the relevant staff working with the person causing the harm must be informed of any risk management issues immediately and be closely involved at all stages of the investigation

Where the person alleged to have caused the harm is under 18 years of age, a referral should be made to the relevant HSC Trust Children's Services

.

The strategy discussion should demonstrate how the needs of the person who has allegedly caused the harm have been supported during the adult protection investigation.

Throughout the Adult Protection process, people alleged to have caused harm must be treated and spoken to without prejudice.

The person allegedly causing harm has a right to information about any allegations made. However, their right to information must be balanced with the rights of the adult in need of protection and/or any other safety concerns.

Where a decision is taken not to inform the person alleged to have caused harm of an allegation there must be a clear rationale for this decision which must be recorded and kept under review. Where a crime is alleged or suspected, advice should be sought from PSNI before information is shared.

11.8 Decisions to be Taken at the Strategy Meeting When the Person Alleged to Have Caused Harm is a Member of Staff/Volunteer

If the person alleged to have caused the harm is a member of staff or a volunteer and an immediate decision is needed, the line manager should notify those with responsibility for Human Resource functions in the relevant organisation of the concern and liaise with the relevant manager for a decision on whether precautionary suspension/transfer/restricted duties of the staff or volunteer is necessary and appropriate. The employer should inform the person in broad terms of the nature of the allegations in line with HR Procedures.

There is a requirement in these circumstances to ensure that the rights of the adult in need of protection and the rights of a member of staff/ volunteer are fully considered and all actions taken at this stage are without prejudice in order to facilitate the investigation/s taking place.

11.9 Decisions to be Taken at the Strategy Meeting When the Person Alleged to Have Caused Harm is a Family Member, Friend or Carer.

Cases where the person alleged to have caused harm is a family member, friend or carer need to be treated with particular sensitivity. For example, information may need to be given to the person alleged to have caused harm to ensure they understand how poor care practices can become abusive. A carer may also require a carer's assessment.

In cases where a crime is alleged or suspected, advice on what can or should be shared should be sought from the PSNI.

11.12 Outcomes of Strategy Discussion

The strategy meeting/discussion must decide who will inform the adult in need of protection of the decisions and outcomes reached at the meeting. There are a number of outcomes that may be determined at the strategy (see Appendix 5). The relevant outcome should be recorded in the minutes of the meeting.

i. Insufficient Information to Determine if an Investigation is Required

It is agreed that additional information is to be sought to inform the type of investigation needed or to provide a rationale for a decision not to investigate under Adult Protection.

ii. Threshold of Adult in Need of Protection is not met

Where the threshold of “an adult in need of protection” is not met other alternative courses of action should be explored with the adult. At all times the least intrusive and most effective response should be made. This is a matter for professional judgement, taking account of the individual circumstances and the wishes and views of the adult and may include:

- ✓ Escalation to the service manager to address any issues about the quality of service provision;
- ✓ Referral to the RQIA for action as the regulator in respect of quality of care concerns or where concerns have been raised and there has been a lack of action by the service provider;
- ✓ Referral to a care manager/key worker for re-assessment and review of service user/carer's needs, views and care plan, or where appropriate a mental capacity assessment;
- ✓ Action taken under complaints procedures;
- ✓ Action taken under HR/disciplinary procedures and referral to professional bodies, statutory regulatory bodies and/or the Disclosure and Barring Service where appropriate;
- ✓ Referral to an advocacy service;
- ✓ Referral to another service or agency;
- ✓ A risk management intervention in relation to self -neglect;
- ✓ A strategy to manage risks within a complex group living environment

- and the management of challenging behaviour;
- ✓ No further action required; **or**
- a combination of any of the above.

At every stage the adult's human rights must be considered, and evidence of the impact of any decision on those rights recorded. The adult's rights, needs, views and wishes, should be central to the protection intervention to ensure that they receive the support needed to achieve an agreed outcome.

A decision to discontinue the Adult Safeguarding process must be agreed by all relevant organisations and signed off by the DAPO. The reasons for closing the Adult Safeguarding process should be recorded and a copy sent to strategy meeting attendees. The adult at risk should have a copy of the decisions that takes into account issues of confidentiality and the need for protection of personally identifiable information.

iii. The Threshold for an Adult in Need of Protection is Met

If the threshold is met and it is determined that investigation is required then consideration should be given as to the most appropriate type of investigation. This may be either a single agency (HSC Trust or PSNI) or alternatively a Joint Protocol Investigation.

Where the threshold is met and the adult in need of protection has capacity to withhold consent for an adult protection investigation, the expressed wishes of the adult will be respected and the investigation will not proceed provided there are no other adults at risk or concerns which may constitute a relevant and reportable offence.

In such circumstances, practitioners must be confident that the adult at risk is making this decision without undue influence, threats and intimidation. If there are no other people at risk from the person causing the harm, there will be no further action under the procedures at this time. In this situation there should be a written record, confirming their decision not to proceed with an investigation.

The adult at risk should be given information about abuse and neglect, possible sources of help and support and who to contact if they should change their mind or the situation changes and they no longer feel able to protect themselves.

If protection concerns persist the strategy meeting must consider other types of intervention to be offered, including a risk management plan, care plan or Family Group Conference or legal powers available to intervene with the person(s) causing the harm. This must be shared and agreed in writing with the adult in need of protection.

11.13 Single Agency PSNI Investigation

Where a single agency PSNI investigation is considered to be the appropriate response, PSNI officers should refer to Police Service Procedures. During a single agency PSNI investigation the HSC Trust will ensure, where appropriate, any adult safeguarding or protection issues are addressed.

HSC Trusts will give full co-operation to police investigations and in such cases the DAPO must ensure appropriate risk and protection plans are in place to protect and safeguard the adult in need of protection.

The PSNI and HSC Trust should continue to liaise throughout the investigation in relation to any protection issues. The HSC DAPO will continue to hold strategy discussions throughout the PSNI single agency investigation to ensure that the protection plan is reviewed and those involved are updated on the progress of the PSNI investigation.

11.14 Joint Agency Investigations

Refer to Protocol for Joint Investigation of Adult Safeguarding Cases (2016).

In cases where an investigation is proceeding under the Protocol, clarity should be sought at the strategy meeting as to whether any element of a Trust protection investigation can commence (to include review of documentary evidence; meeting with adult in need of protection; meetings with witnesses; meetings with the person alleged to have caused the harm) in parallel with the PSNI investigation. Criminal investigations by the PSNI will take priority over all other investigations. Any internal investigation should not proceed without the knowledge and agreement of the

PSNI. This will ensure that the criminal investigation is not jeopardised or prejudiced by internal enquiries.

11.15 HSC Trust Single Agency Investigation

Where the decision is taken to continue with a single agency HSC Trust investigation under the protection procedures, the DAPO will be responsible for the management of the protection investigation, including the following::

- The appointment of a HSC Investigating Officer(s).
- Ensure the adult in need of protection is aware of the allegation of abuse;
- Ensure the wishes of the adult in need of protection are recorded;
- Agree methodology and terms of reference for the investigation. This should reflect agreed management of other possible forms of harm which may become apparent during the investigation.
- Is the response proportionate?
- Agree documentation to be reviewed.
- Consider needs of other adults at risk/children.
- Consider HR/other investigatory processes. If there are going to be a number of investigations, running alongside adult protection, the meeting or discussion will decide in what order the various investigations, assessments and enquiries should take place.
- Identify an indicative timeframe in which the investigation should take place. The investigation should begin as soon as possible after the strategy meeting or discussion without undue delay.
- Is there any medical evidence or record of the impact of the abuse?
- Has there been a disclosure? Is it signed and dated?
- Have the human rights of both the adult in need of protection and the person alleged to have caused the harm been considered?
- Is there any documentary evidence available? E.g. bank statements, accident reports.
- Has the adult in need of protection been contacted about the alleged abuse?
- Have the holistic 'best interests' of the adult in need of protection remained paramount in the decision making process?
- Have the wishes of the adult in need of protection been recorded?

- Has the adult in need of protection's capacity to consent been considered and is there any report regarding capacity where appropriate?
- Are there risks to other adult in need of protection or children? If so, agree a referral to the children's services and who will make the referral.
- Have appropriate regulatory and professional bodies been informed, e.g. RQIA, NISCC?
- Has consideration been given to notifying other relevant agencies, e.g. other departments, trusts, providers?
- If the alleged offender is an employee Human Resources should be consulted.
- Has consideration been given to ensuring appropriate supports are available for the adult in need of protection accounting for cognitive ability, comprehension and communication needs?
- Has consideration been given to appropriate supports for carers during the investigation?
- Identify any possible personal safety issues for the person who will conduct the investigation and plan to address these.
- Action that may lead to legal proceedings should take precedence over other proceedings and there should be discussion and co-ordination of those processes to avoid prejudicing such investigations.
- Agree how communication will be maintained during the investigation.
- Identify who will be the responsible person within each participating organisation for any agreed actions.
- If the situation indicates that the adult in need of protection is being subjected to domestic violence and the risks are high, agree a referral to MARAC. Designate the organisation and the person who will complete the DASH risk assessment and make the referral (NB The MARAC process does not replace the Adult Protection process, but adds benefit to any risk assessment).
- If the alert was made by a service user or a member of the public about abuse or neglect within an organisation, the organisation's complaints procedure may form part of the investigation and risk assessment. A decision will be made on a case-by-case basis as to whether the

complaints process is suspended pending the outcome of protection investigation.

- Agree the need for further strategy reviews during the investigation and agree dates.

12. Stage Three: Investigation/Assessment

12.0 Purpose of the Investigation

A single agency adult protection investigation is a professional assessment which analyses the risk of harm and serious harm, the impact of that harm on the adult in need and determines if this may have led to abuse. Such assessment requires experienced professional judgement to ensure outcomes are proportionate, necessary and lawful.

The purpose of the investigation is to:

- ✓ Establish the facts and contributing factors leading to the referral.
- Determine and manage the level of risk to an adult in need of protection and or others and update the care and protection plan as required.

The investigation must:

- ✓ Be open to the possibility of the presence of other forms of harm.
- ✓ Reflect the wishes of the adult in need of protection
- ✓ Produce an investigation report.

12.1 The Investigating Officer Role

The Investigating Officer will:-

- ✓ Meet with the adult in need of protection and carer/relative separately where appropriate to establish the preliminary information.
- ✓ Investigate allegations and concerns when appointed by DAPO. The investigation should take the form of an assessment of risk and needs. This will inform the review and updating of the interim protection plan.
- ✓ Inform the adult in need of protection of expressed concerns and the adult protection investigation process. The investigation process should ensure that the wishes/choices of the adult are paramount.

- ✓ Inform the adult in need of protection of his/her rights to protection under law.
- ✓ Support the adult in need of protection through the assessment process.
- ✓ Keep the adult in need of protection, or their representative, informed and updated throughout the investigation process to ensure informed decision making.
- ✓ Consider whether there is a need to refer the person alleged to have caused the harm on for professional input and support.
- ✓ Commission medical or other specialist assessments, where appropriate.
- ✓ Inform and liaise with relevant professionals and significant others.
- ✓ Investigating officer may require other information, action and support from other disciplines, agencies and organisations to assist with and adult protection or criminal investigation.
- ✓ Make a clear record of the investigation process.
- ✓ Keep the DAPO informed of the investigation process and outcome of the assessment, risks and ongoing concerns.
- ✓ Provide an investigation report for a case conference/review. This report must include an analysis of the findings and a conclusion and recommendations.
- ✓ Keep personally identifiable information concerning the adult in need of protection, the person causing the harm and any third parties to a minimum.
- ✓ Ensure the implementation of any care and protection plan as agreed with the DAPO.

12.2 The Investigation Report

The investigation report must clearly set out the following:

- ✓ Context of the referral and detail of the alleged concerns;
- ✓ A pen picture of the adult in need of protection and his/her circumstances, including formal and informal networks of support.
- ✓ An assessment of the adult in need of protection's capacity to consent.
- ✓ Information about the person alleged to have caused the harm.
- ✓ A brief account of the methodology for the investigation.
- ✓ The investigation findings, including:

- a professional assessment of the impact of the harm on the adult in need of protection **AND**
- analysis of the evidence giving consideration of the impact of decisions on the person's rights and the need to balance competing rights as positively as possible
- ✓ The report must reach conclusions on the balance of probability, determining whether harm occurred.
- ✓ Make recommendations where appropriate.

12.3 Undertaking the Investigation

Timescales

The Investigating Officer will make contact with the adult in need of protection and begin the investigation immediately following receipt of the referral and an initial discussion with the DAPO. The investigation should be conducted without undue delay. The Investigating Officer must keep the DAPO informed of the progress of the investigation and any change to the investigation plan. If for any reason the investigation plan cannot be completed within the agreed timescales, a revised agreement about timescales and any necessary action(s) to be taken must be reached between the DAPO and other relevant organisations and clearly recorded.

The DAPO can take a professional decision to close the investigation process where additional information identified throughout the investigation demonstrates that there is no requirement to proceed with a protection investigation. The DAPO must communicate the rationale for closing the investigation in writing to the strategy planning group. Any disagreements should be recorded on the regional adult protection closure documentation.

12.4 If the Adult in Need of Protection Moves During the Adult Protection Process

The DAPO must:

- Contact and reach agreement with a senior manager or DAPO in the new host Trust about future action, roles and responsibilities.
- Send fully documented and relevant information and summaries as appropriate.

Other organisations that have been involved in the investigation must also be advised if the adult need of protection has moved to another area.

In some cases family, friends or carers may remove an adult from the UK before a full investigation can be carried out and protective measures put in place. If there is any indication that such a removal is being planned, legal advice must be sought urgently.

12.5 If the Person Alleged to Have Caused the Harm Moves During the Adult Protection Process

If the person allegedly causing the harm is an informal carer or member of the public, any information on a change of address or location should be shared with the PSNI. If the person allegedly causing the harm is a paid worker or a volunteer, the line manager should also follow appropriate Human Resources advice.

12.6 If a Referral or Complaint is Received After an Adult in Need of Protection Has Died

The referral or complaint may contain an allegation or suspicion that abuse or neglect could have been a contributory factor in the person's death. The allegation may be made by a family member or friend, a concerned member of staff who is 'whistleblowing', or as a result of a report from the Coroner. Such information should immediately be passed to the relevant DAPO who will consider whether a referral to the PSNI is required.

If the deceased was in receipt of services at the time of their death, such a referral will give rise to action under the regional Serious Adverse Incident (SAI) reporting procedures. As part of the SAI process, the HSC Trust will consider whether there are potential risks to other adults and, if necessary, will initiate a protection investigation to address these specific concerns.

12.7 Resolution of disagreements

Where there are disagreements at any stage in the process that cannot be resolved by discussions between those responsible for decision making, these should be escalated to senior managers within the HSC Trust and/or PSNI, who will make a determination. At all times participating agencies should avoid delay resulting from

inter-agency disagreement and ensure that the wellbeing of the person in need is prioritised.

13. Stage 4 Implementation / Protection planning

Following the completion of the final draft investigation report consideration must be given by the DAPO to the most appropriate method for sharing and agreeing the final outcomes of the investigation and the process for managing the next steps or recommendations with the adult in need of protection.

The forum for decision-making and managing any outstanding risks must be carefully considered and fully person-centred. It might involve, for example, a risk management meeting, a Family Group Conference, a family meeting held in the person's own home a case discussion or a case conference.

When the adult in need of protection lacks capacity, the DAPO must take the complexity of the case and interagency involvement into consideration when deciding on the most appropriate forum for sharing information and agreeing the protection plan.

13.1 Planning the Meeting

The case conference meeting should take place after the completion of the protection investigation. Some parallel investigations may not be completed, for example, a criminal prosecution or Human Resources process but this should not be considered grounds to delay the meeting. The DAPO should ensure that a suitable meeting is convened without undue delay. The DAPO will Chair and ensure arrangements are in place to have the meeting minuted. The Investigating Officer should submit their investigation report to the Chair of the case conference prior to the meeting. Copies will also be made available to all attendees. Representatives invited to and attending the meeting should have the delegated authority to agree to provide services to contribute to the reviewed protection plan if their organisation has a role to play.

13.2 Purpose of the Case Conference

The purpose of the case conference is to evaluate the available evidence and to determine an outcome based on balance of probability (see above).

The aim of this meeting is to:

- Consider the information contained in the investigating officer's report.
- Consider the evidence and, if the allegation of abuse/serious harm is substantiated, plan what action is indicated.
- Agree and plan further action(s) if required.
- Consider whether there are legal or statutory actions indicated.
- Make a decision about the levels of current risks to the adult in need of protection or others and a judgement about any likely future risks.
- Analyse and evaluate the findings of the investigation report and agree a consensus decision as to the conclusions reached; i.e. substantiated; unsubstantiated; partially substantiated; inconclusive. Record any disagreements/amendments within the minutes of the meeting.
- Agree an ongoing protection plan if required including how this will be reviewed and monitored.

These aims must be met irrespective of whether the meeting is a formal case conference or a meeting with the adult in need of protection within their family home.

13.3 Sharing the report

The content of the draft report and care and protection plan should be shared with the adult in need of protection and their family where appropriate prior to the case conference in order to ascertain their views on the findings and reflect these at the case conference.

A copy of the draft report should also be shared with the person who was alleged to have caused the harm and the relevant employer where the person is a member of staff. This provides an opportunity for a right to reply and the report may either be amended to reflect comments, correct inaccuracies, or to register disagreements. Any decision not to share this draft report must be recorded including the rationale for this decision.

When deciding to share the draft report, the DAPO should carefully consider any possibility of escalating risk to the adult in need of protection or others inclusive of

staff whistleblowing requirements. The rationale for all decisions must be recorded by the DAPO.

All parties, where appropriate, have a right to a copy of the **final** written investigation report except where to do so would place the adult in need of protection or others at greater risk of harm. The adult in need of protection and provider organisations should be advised of the confidential nature of the report.

13.4 Outcomes of the Case Conference

The meeting must reach a decision, based on the balance of probabilities, as to whether the harm occurred. The meeting must agree whether there is a need for an ongoing protection plan with associated roles and responsibilities for implementation. It must agree any recommendations that should be taken forward. The meeting must make a decision as to whether the case should be closed under Adult Protection Procedures.

The protection plan will focus on the adult in need of protection. Actions arising in relation to the person causing the harm should be taken forward by the keyworker under normal care planning arrangements.

Possible recommendations of the case conference may include the following:

- The case conference should consider requirements to refer to other regulatory or professional bodies.
- Consider any systemic, contractual or practice issues that must be referred to the relevant organisation for action.
- Consider the need for further or additional information to be shared with Human Resources.

13.5 Minutes

The minutes record the decisions of the meeting and evidence how these decisions were made. The minutes will be shared with those present and those contributing to the protection plan. The protection plan will be attached to the minutes of the meeting.

Where the adult in need of protection has not been in attendance at the meeting the outcome should be shared with them as soon as possible and the protection plan discussed and agreed. If the person does not have capacity, a decision should be made in their best interests and shared appropriately.

Where there is information that cannot be shared outside the case conference meeting, it should be redacted from versions of documents sent out. It is imperative that Data Protection Act 1998 principles are adhered to. Whether or not minutes of the meeting are shared with the adult in need of protection, the DAPO will decide the best person to feed back to them on the outcome of the meeting. This should take place as soon as possible afterwards. The adult in need of protection should be enabled to raise any issues they may have about the decisions taken and the protection plan that has been developed/agreed.

13.6 Feedback to the Person Alleged to Have Caused the Harm

A decision must be made in the meeting about what feedback should be provided to the person alleged to have caused harm and the organisation that employs that person (if relevant), as well as who should provide it. Due consideration must be given to any potential risk this might pose to the adult in need of protection. The rationale for any decision not to feedback to the person alleged to have caused the harm must be clearly recorded and agreed by the case conference. If the person alleged to have caused the harm does not have mental capacity (and is also an adult at risk), feedback will be given to the person acting in their best interests.

14. Stage Five: Monitoring/Review of the Protection plan

14.1 Purpose of the Review

The purpose of the review is to ensure that the actions agreed in the protection plan have been implemented and to decide whether further action is needed. Additional concerns of abuse or neglect would be considered as a new alert/referral.

The review should

- Review the risk assessment
- Decide about ongoing responsibility for the protection plan

- Decide, in consultation with the adult need of protection or their personal representative, what changes, if any, need to be made to the protection plan to decrease or manage the level of risk
- Decide whether there is need for a further review and, if so, set a date
- Decide whether to close the Adult Protection Plan.

14.2 Recording and Feedback

- Record any decisions, agreed actions and those responsible for contributing to the implementation of the protection plan.
- Ensure that all involved in the review of the protection plan have a copy of the review notes, including the adult in need of protection or their personal representative (with the permission of the adult in need of protection and where it is safe and appropriate to do so).
- Reach agreement about feedback arrangements, in accordance with the adult in need of protections best interests, if they do not have mental capacity and do not attend the review. This feedback should be provided as soon as possible after the review meeting.

15. Stage Six: Closing the Adult Protection Process

The Adult Protection process may be closed at any stage if it is agreed that further investigation is not needed or if the investigation has been completed and a protection plan is agreed and put in place. In most cases a decision to close the Adult Protection process is taken at the case conference or case conference review where the protection plan is reviewed.

The DAPO must reach agreement to close the process with all organisations that have been involved in the investigation and protection plan. Where there is disagreement this should be escalated to the senior managers within the relevant organisations for resolution. The closing process must be signed off by the DAPO and/or a Senior Manager in the case of a serious/complex Adult Protection situation.

15.1 Actions on Closing

The DAPO should ensure that, on conclusion of the process:

- All necessary and agreed actions are completed or are in progress.

- Case records contain all relevant information and forms are satisfactorily completed.
- The person in need of protection knows that the process is concluded and where/who to contact if they have any future concerns about abuse.
- Responsibility for the review of the protection plan transfers to the operational team.
- All those involved with the person are informed about the closure and know how to re-refer if there are renewed or additional concerns.
- Referral is made to appropriate professional and regulatory bodies and/or notifiable occupation schemes where necessary.
- The referrer is notified of completion.
- The necessary monitoring forms and all data monitoring systems are completed.

16. Investigation of Large Scale, Organised or Multiple Abuse Cases

A large-scale adult protection investigation is likely to involve a range of organisations and potentially a number of individual adult protection interventions. Organised or multiple abuse is defined as abuse involving one or more abusers and a number of related or non-related adults at risk. The person alleged to have caused the abuse may be acting with others to abuse adults at risk, may be acting in isolation, or may be using an institutional framework or position of authority to access adults at risk of abuse.

Such abuse occurs both as part of a network of abuse across a family or community and within institutions such as residential or nursing homes, supported living facilities, day support settings and in other provisions such as voluntary or community groups. There may also be cases of adults at risk being abused through the use of the internet. Such abuse is profoundly traumatic for the adults at risk who become involved; its investigation is time-consuming and demanding work which requires specialist skills from PSNI and HSC Trust staff.

Each investigation of organised or multiple abuse will be different, according to the

characteristics of each situation and the scale and complexity of the investigation. Some investigations become extremely complex because of the number of people or places involved and the timescale over which the abuse is alleged to have occurred. However, every investigation will require careful and thorough planning, effective inter-agency working and attention to the needs of the adult(s) in need of protection and the adult(s) at risk involved.

On receipt of information which may indicate organised or multiple abuses, the HSC Trust Gateway Service DAPO must immediately consider whether a report to the PSNI is appropriate, initiate a joint strategy meeting and, **if it is considered necessary**, establish a Strategy Management Group (SMG) to oversee the process of investigation. Core members of an SMG are:

- PSNI;
- HSC Trust DAPO;
- a senior manager from the relevant HSC Trust adult Programme of Care; and
- RQIA (where the allegation relates to a regulated service).

Appropriate legal advice will be necessary and should be sought through PSNI and HSC Trust legal advisers.

16.1 Functions of the Strategic Management Group

The SMG will:

- Establish the principles and practice of the investigation and ensure regular review of progress against that plan;
- Prioritise and allocate expedient resources to establish an Investigative Team within their respective agencies;
- Ensure co-ordination between the key agencies and the Investigative Team within the HSC Trusts and PSNI. This includes resolving any interagency operational interface challenges between various established processes;
- Ensure decisions of the strategy planning group are actioned in a timely manner;

- Act in a consultative capacity to those professionals who are involved in the investigation;
- Draw up a media strategy to respond to public interest issues and agree who will take responsibility for responding to media enquiries;
- Have oversight of the agreed communication strategy/liaison with adults in need of protection/families and carers involved in the investigation;
- At the conclusion of the investigation, discuss salient features of the investigation with a view to making recommendations for improvements either in policy or in practice;
- The closing process must be signed off by the SMG in the case of a serious/complex Adult Protection situation.

16.2 Working Across Trust Boundaries

It should be recognised that there may be an increased risk to the adult in need of protection whose care arrangements are complicated by cross boundary considerations. These situations may arise in residential, nursing or hospital placements where funding or commissioning responsibility lies with one HSC Trust (Placing), but the concerns about potential harm or exploitation subsequently arise in another Trust area (Host).

The scenarios most likely to arise in cross boundary adult protection investigations are:

Scenario A: where allegations relate to one individual only, in which case the responsible Placing HSC Trust undertakes the investigation and informs the Host HSC Trust of the concerns and outcomes for information and any necessary relevant contractual actions.

Scenario B: If, during the course of the investigation, there are emerging concerns about systemic practice potentially leading to harm for other residents, the Placing Trust must notify the Host Trust. The Host Trust must assume responsibility by convening a strategy meeting with a view to extending the investigation.

Scenario C: If an incident arises within an acute hospital it is the responsibility of the DAPO within that acute setting to respond by taking any necessary immediate actions and referring to the Trust of residence as appropriate. If the disclosure

relates to an incident prior to admission, the DAPO will link with the resident Trust to respond as appropriate.

16.3 Responsibilities of the Host Trust

The Host Trust will always take the initial lead on responding to a referral. This will include taking any necessary immediate action to protect the adult/s in need of protection, and where appropriate, making initial contact with the PSNI. Where there are concerns regarding more than one adult in need of protection the HSC Trust where the harm occurs will have overall responsibility for co-ordinating the adult protection investigation.

In all cases, it is vital that, when a referral is received, there is open communication between Host and Placing Trusts to ensure that:-

- Any immediate risks are identified and acted upon;
- There is a single, timely response to the referrer;
- Strategy discussions to co-ordinate the investigation are commenced without delay; and
- The individual's on-going case management needs are addressed.

The Host Trust will also co-ordinate initial information gathering, including systems checks to determine services that have been or are involved and ensures prompt notification to any other relevant agencies.

It is the responsibility of the Host Trust to identify all adults at risk within a regulated facility or service who may have been victims of the person alleged to have caused the abuse and to notify the Placing Trusts, or where the adult at risk's usual place of residence is outside Northern Ireland, the relevant Local Authority in Great Britain or the Health Service Executive in the Republic of Ireland. This includes those adults at risk not known to any HSC Trust.

In those instances where Joint Protocol/ABE social work interviewers are required these will be provided by the Placing Trust or by agreement with the Host Trust.

16.4 Responsibilities of the Placing Trust

- Attend any Strategy Meeting(s).
- Identify the Investigating Officer who will be part of the wider investigation team.
- Provide any necessary support and information to the Host Trust in order for a prompt and thorough investigation to take place.
- Exercise a continuing duty of care to the adult at risk/in need of protection.
- Inform families of investigation and ensure ongoing communication as agreed throughout.
- Devise and implement an Individual Protection plan.
- Act on the case conference recommendations.

Appendices

Appendix 1

References

Achieving Best Evidence in Criminal Proceedings: Guidance on interviewing victims and witnesses, the use of special measures and the provision of pre-trial therapy.

Department of Justice (2012)

Adult Safeguarding: Prevention and Protection in Partnership

Department of Health Social Services and Public Safety and Department of Justice (2015)

Northern Ireland Adult Safeguarding Partnership Training Framework

NIASP (2016)

Stopping Domestic and Sexual Violence and Abuse in Northern Ireland: A Seven Year Strategy

Department of Health and Department of Justice (2016)

Protocol for Joint Investigation of Adult Safeguarding Cases

NIASP (2016)

Glossary of Terms

Abuse is ‘a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to another individual or violates their human or civil rights’. Abuse is the misuse of power and control that one person has over another. It can involve direct and indirect contact and can include online abuse.

ABE (Achieving Best Evidence) Interviewer – The Specialist Achieving Best Evidence Interviewer must be a professionally qualified Social Worker. The Specialist Interviewer will be responsible for planning and conducting interviews with service users who may have been the victim of a crime. These interviews will be undertaken jointly with the PSNI and in accordance with the guidance laid out in “Protocol for Joint Investigation of Adult Safeguarding cases” and “Achieving Best Evidence in Criminal Proceedings.”

Adult Protection Gateway Service – is the central referral point within the HSC Trust for all concerns about an adult who is, or may be, at risk.

Adult Safeguarding - encompasses both activity which **prevents** harm from occurring in the first place and activity which **protects** adults at risk where harm has occurred or is likely to occur without intervention.

Adult at risk of harm – A person aged 18 or over, whose exposure to harm through abuse, exploitation or neglect may be increased by their:

- i) **personal characteristics** (*may include but are not limited to age, disability, special educational needs, illness, mental or physical frailty or impairment of, or disturbance in, the functioning of the mind or brain*);
and/or
- ii) **life circumstances** (*may include, but are not limited to, isolation, socio-economic factors and environmental living conditions*).

Adult in need of protection - An adult at risk of harm (above):

- i) who is **unable to protect** their own well-being, property, assets, rights or other interests;
and
- ii) where the **action or inaction of another person or persons** is causing, or is likely to cause, him/her to be harmed.

ASC (Adult Safeguarding Champion) - The ASC should be within a senior position within the organisation and should be suitably skilled and experienced to carry out the role. The ASC provides strategic and operational leadership and oversight in relation to adult safeguarding for an organisation or group and is responsible for implementing its adult safeguarding policy statement. The ASC is also the main point of contact with HSC Trusts and the PSNI for all adult safeguarding matters.

Case Conference - The purpose of the case conference is to evaluate the available evidence and to determine an outcome based on balance of probability.

CRU (Central Referral Unit) – The central point of referral to PSNI in relation to adult protection is based in Belfast.

CJINI (Criminal Justice Inspection Northern Ireland) - an independent legal inspectorate with responsibility for inspecting all aspects of the criminal justice system in Northern Ireland apart from the judiciary. It also inspects a number of other agencies and organisations that link into the criminal justice system.

Domestic Abuse - Domestic violence and abuse is threatening behaviour, violence or abuse (psychological, physical, verbal, sexual, financial or emotional) inflicted on one person by another where they are or have been intimate partners or family members, irrespective of gender or sexual orientation. Domestic violence and abuse is essentially a pattern of behaviour which is characterised by the exercise of control and the misuse of power by one person over another. It is usually frequent and persistent. It can include violence by a son, daughter, mother, father, husband, wife, life partner or any other person who has a close relationship with the victim. It occurs right across society, regardless of age, gender, race, ethnic or religious group, sexual orientation, wealth, disability or geography.

Designated Adult Protection Officer (DAPO) – the person responsible for the management of each referral received by a HSC Trust. DAPOs will be in place both within the Adult Protection Gateway Service and within core service teams. The DAPO will provide formal/informal support and debriefing to the Investigating Officer/ABE interviewer; analyse the adult safeguarding data within their service area and contribute to the governance arrangements as appropriate; and ensure that the connections are made with related interagency mechanisms.

DBS (Disclosure and Barring Service) - helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable groups, including children. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA).

Exploitation - the deliberate maltreatment, manipulation or abuse of power and control over another person; to take advantage of another person or situation usually, but not always, for personal gain from using them as a commodity . It may manifest itself in many forms including slavery, servitude, forced or compulsory labour, domestic violence and abuse, sexual violence and abuse, or human trafficking.

FGC (Family Group Conferencing) - A family group conference is a process led by family members to plan and make decisions for a person who is at risk. People are normally involved in their own family group conference, although often with support from an advocate. It is a voluntary process and families cannot be forced to have a family group conference.

Hate Crime - hate crime is any incident which constitutes a criminal offence perceived by the victim or any other person as being motivated by prejudice, discrimination or hate towards a person's actual or perceived race, religious belief, sexual orientation, disability, political opinion or gender identity.

Harm - the impact on the victim of abuse, exploitation or neglect. It is the result of any action whether by commission or omission, deliberate, or as the result of a lack of knowledge or awareness which may result in the impairment of physical, intellectual, emotional, or mental health or well-being.

Investigation Officer (IO) - is a HSC Trust professionally qualified practitioner. Their role is to establish matters of fact, how best to protect the adult in need of protection and/or others, to explore alternatives available and to provide advice and support. The Investigating Officer alongside relevant professionals will be responsible for direct contact with the adult in need of protection, their carers and relevant others.

The Protocol – (Protocol for Joint Investigation of Adult Safeguarding Cases) - the Protocol sets out a framework for joint working in a complex area of practice and emphasises the need to involve all other relevant agencies in information sharing, early assessment and the planning process. The overall aim of the Protocol is to prevent abuse by promoting a multi-agency approach to the protection of vulnerable adults, and to ensure that they receive equitable access to justice in a way that promotes their rights and well-being.

LASP (Local Adult Safeguarding Partnerships) - the five local multi-agency, multi-disciplinary partnerships located within their respective HSC Trusts.

MARAC (Multi Agency risk Assessment Conference) - it is a forum for local agencies to meet with the aim of sharing information about the highest risk cases of domestic violence and abuse and to agree a safety plan around victims.

Modern Slavery - human trafficking involves the acquisition and movement of people by improper means, such as force, threat or deception, for the purposes of exploiting them. It can take many forms, such as domestic servitude, forced criminality, forced labour, sexual exploitation and organ harvesting. Victims of human trafficking can come from all walks of life; they can be male or female, children or adults, and they may come from migrant or indigenous communities.

NIASP (Northern Ireland Adult Safeguarding Partnership) – the regional multi-agency, multi-disciplinary partnership that brings together representatives from organisations and communities of interest who have a significant contribution to make to adult safeguarding.

NISCC (Northern Ireland Social Care Council) – is the independent regulatory body for the NISC workforce, established to increase public protection by improving and regulating standards of training and practice for social care workers.

NMC (Nursing and Midwifery Council) – is the independent regulator for nurses and midwives in England, Wales, Scotland and Northern Ireland. NMC sets standards of education, training, conduct and performance so that nurses and midwives can deliver high quality healthcare throughout their careers.

Protection Plan – a plan agreed with the adult at risk (or the person representing them or their best interests) detailing the actions to be taken, with timescales and responsibilities, to support and protect the person from harm.

Registered Intermediary - RIs have a range of responsibilities intended to help adult witnesses who are in need of protection, defendants and criminal justice practitioners at every stage of the criminal process, from investigation to trial.

RQIA (Regulation and Quality Improvement Authority) - Northern Ireland's independent health and social care regulator, responsible for monitoring and inspecting the availability and quality of health and social care services in Northern Ireland, and encouraging improvements in the quality of those services.

SAI (Serious Adverse Incident) - an adverse incident is an event which causes, or has the potential to cause, unexpected or unwanted effects that will involve the safety of patients, staff, users and other people.

Serious Harm – is a professional decision considering the impact, extent, degree, duration and frequency of harm; the perception of the person and their preferred outcome.

Single Agency Investigation – a single agency adult protection investigation is a **professional assessment** which analyses the risk of harm and serious harm, the impact of that harm on the adult in need and determines if this may have led to abuse. Such assessment requires experienced professional judgement to ensure outcomes are proportionate, necessary and lawful.

Special Measures - the measures specified in the Criminal Evidence (NI) Order 1999, as amended, which may be ordered in respect of some or all categories of eligible witnesses by means of a special measures direction. The special measures are the use of screens; the giving of evidence by live link; the giving of evidence in private; the removal of wigs and gowns; the showing of video recorded evidence in chief, and aids to communication.

SMG (Strategic Management Group) – has responsibility to oversee the process of investigation. Core representatives of SMG are: PSNI; HSC Trust nominated Adult protection Gateway DAPO; a senior manager from the relevant adult programme of care; and RQIA (where the allegation relates to a regulated service).

Strategy Meeting - In complex situations the strategy discussion is normally a meeting of key people to decide the process to be followed after considering the initial available facts.

Appendix 3

HSC Trust Adult Safeguarding Contact Details

HSC Trust	Adult Safeguarding Number
Belfast	028 9504 1744
Northern	028 2563 5512
Western	028 7161 1366
South Eastern	028 9250 1227
Southern	028 3741 2015/2354

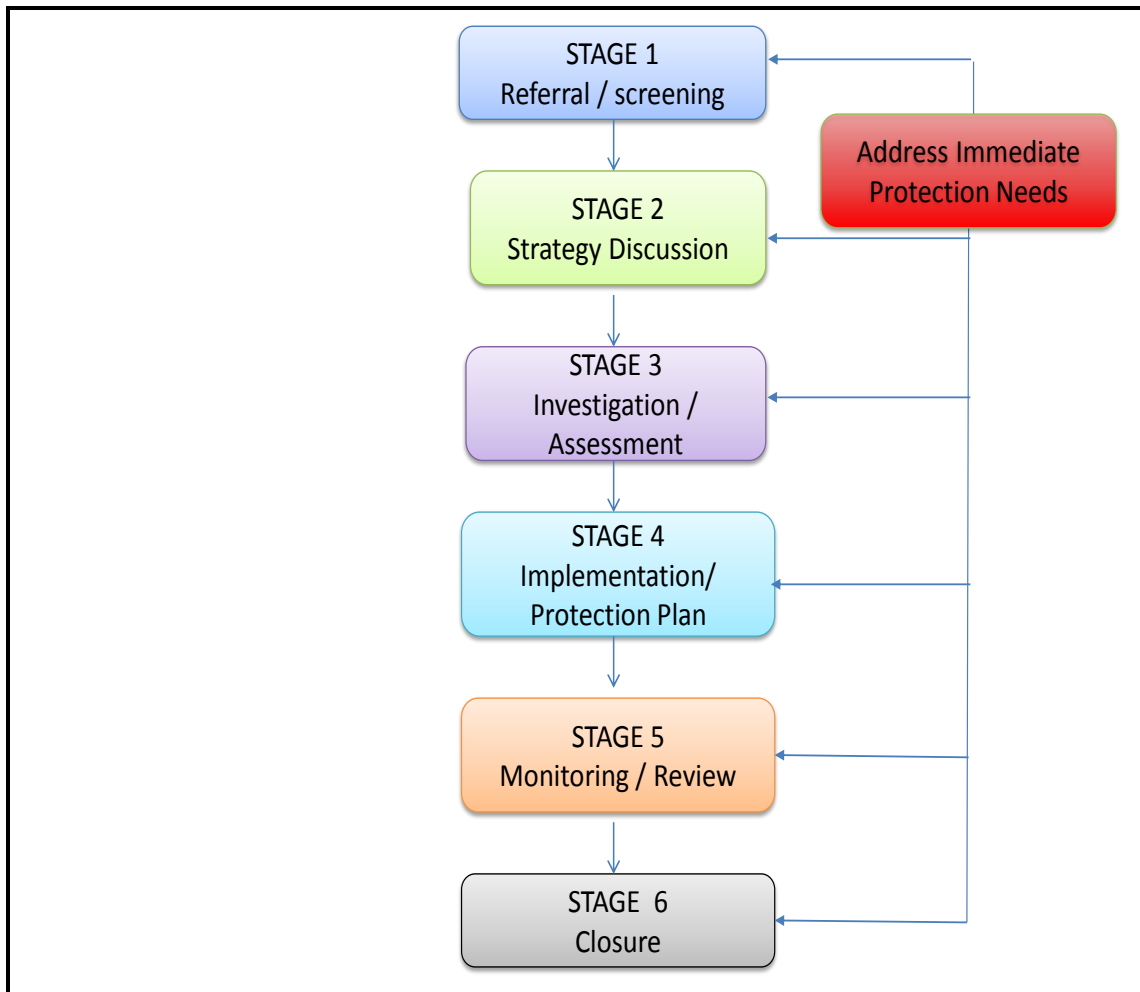
Regional Emergency Social Work Service (RESWS)

Tel: 028 9504 9999 (Mon-Fri 5pm-9am; Saturday & Sunday)

HSC Trust Child Protection Contact Details

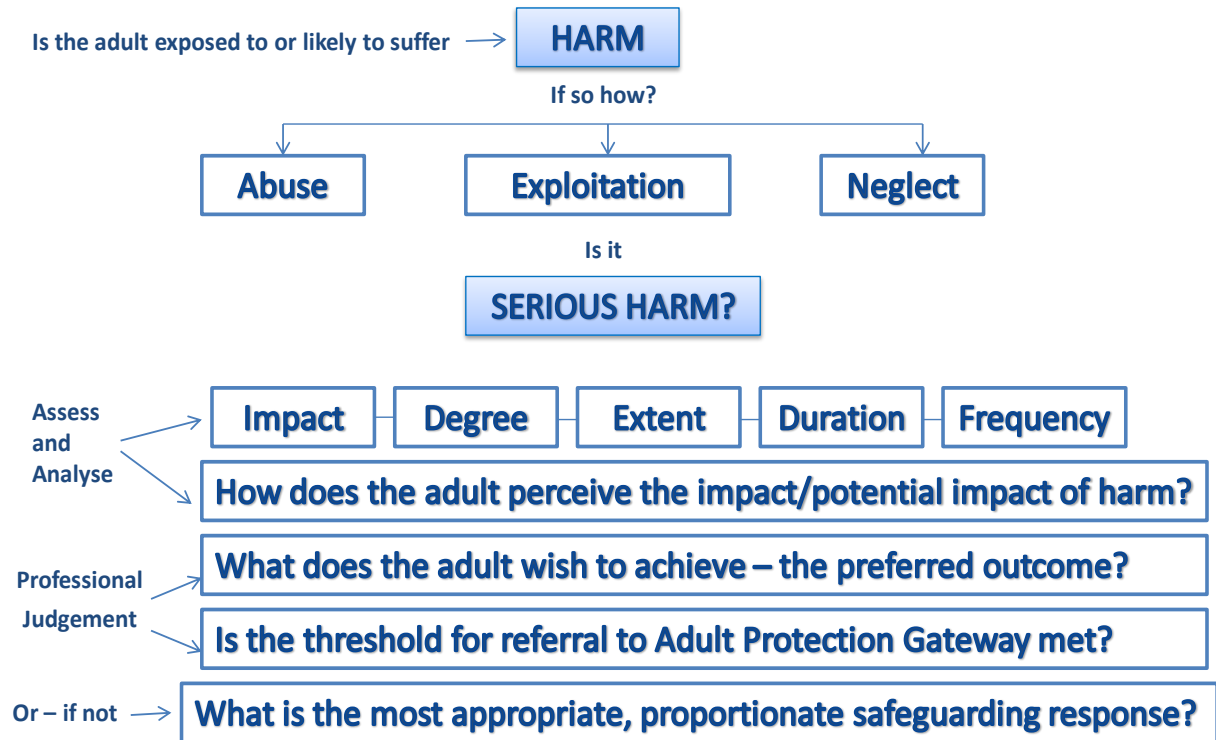
HSC Trust	Child Protection Gateway Number
Belfast	028 9050 7000
Northern	0300 1234 333
Western	028 7131 4090
South Eastern	0300 1000 300
Southern	0800 7837 745

Six Stages of Adult Protection Process



Appendix 5

Factors for Consideration in Determining whether Harm has become Serious Harm



Appendix 6

Possible Outcomes

Possible Outcomes for the adult in need of protection	
Protection Plan	Actions
Increased monitoring	Referral to advocacy service
Removal from property	Referral to counselling services
Application to the Office of Care and Protection	Assessment/support/advice/services
Application to change Appointee-ship	Referral to MARAC
Referral under the “Family Homes and Domestic Violence (Northern Ireland) Order 1998” re use of non-molestation or Occupancy Order	Seek legal advice regarding use of “The Mental Health (Northern Ireland) Order 1986” Guardianship; or application to the High Court for a Declaration of Best Interests
Review of Self-directed Support/Direct Payments	

Possible outcomes for the person alleged to have caused the harm	
Protection Plan	Actions
Referral under Joint Protocol Procedures	Assessment/support, advice, services
Removal from property	Continued monitoring
Management of access to adult in need of protection	Counselling/training
Action by RQIA	Disciplinary action
Action by contract compliance	Referral to a regulatory/Professional body/ISA
	Referral to court-mandated treatment
	Referral to PPANI
	Action under "The Mental Health (Northern Ireland) Order 1986"

HSC Trust Risk Assessment

When any risk of harm is identified, a risk assessment must be undertaken to establish the degree of risk of harm to that individual and to others. It is the responsibility of suitably qualified statutory HSC professionals to undertake such risk assessments once a concern has been raised. In certain circumstances HSC Trusts may ask another organisation to conduct risk assessments on its behalf. The decision regarding the most appropriate professional to undertake the assessment will be determined by the nature of the need/risk identified, for example where the concern relates to pressure ulcers the most appropriate professional to assess and respond is likely to be from nursing and/or tissue viability.

HSC professionals are required to put the individual's needs and wishes at the heart of the risk assessment process, and to use their expert skills and professional judgement so that the most appropriate and preferred course of action or outcome is found for each individual.

Assessment is a process which focuses on the individual and their circumstances at the time, recognising that needs and risks can change over time. Assessment will analyse and be sensitive to the changing levels of need and risk faced by an individual. It may require specialist assessments or expert opinion to inform the evidence gathering. All information should be analysed to determine the nature and level of risk. The assessment will inform a proportionate response based on the views and wishes and the preferred outcomes of the individual.

In gathering information to inform the assessment, professionals should be aware that this may also be required as part of a criminal investigation. Therefore it is critical to ensure that any potential evidence that may be later required by the PSNI is not compromised.

In making professional judgements, due regard should be given to the capacity of the adult to make informed choices, free from duress, pressure or undue influence and their capacity to make decisions to protect themselves from harm. All adults, including those at risk will always be assumed to have capacity to make decisions unless it has been determined otherwise and, ideally, a referral to the HSC Trust

should be made with the adult's agreement and full participation. However, there may be circumstances in which the person concerned about an adult at risk may not be best placed to seek their consent to a referral being made, or the adult at risk is clearly stating that they do not want a referral to be made. Whilst the wishes of the adult should always be the paramount consideration, it is important to remember that there will be circumstances when other factors may be overriding, for example, where undue influence or coercion is suspected to have influenced the adult's decision or other people may be at risk. The inability to obtain an adult's consent in these circumstances should not prevent or delay concerns about that adult being reported to adult protection services. A balance must also be struck between an individual's human rights and the need to intervene to protect them from harming themselves or others.

The analysis of risk will be central to decisions about future intervention. Any safeguarding intervention is not about being risk averse, nor simply about eliminating risk; adult safeguarding is about empowering and supporting people to make decisions that balance acceptable levels of risk in their lives. This may mean that individuals choose to live with risks or to take risks. The exercise of professional judgement in determining the level of risk of harm and whether a referral for an adult protection intervention is required is critical.

Where professionals have contact with an adult at risk they may have opportunities to identify risk of harm. Within the HSC sector this may be for example a GP, District Nurse, Social Worker or another Allied Health Professional, or may be within acute or hospital settings. Professionals must be alert to signs of harm and having carried out a professional assessment they should escalate their concerns to the Adult Protection Gateway Service with the local HSC Trust.

Consideration must also be given to the vulnerability of the person who is alleged to have caused harm. It is possible that a risk assessment may also be required for the person who is alleged to have caused harm.

Adult Protection Regional Documentation

APP1 FORM

REGIONAL ADULT PROTECTION PROCEDURES

APP1(a) REFERRAL / SCREENING INFORMATIONFor completion by HSC staff and contracted providers

PLEASE ENSURE SECTIONS 1 & 2 ARE FULLY COMPLETED BEFORE REFERRAL TO TRUST DAPO

Name: <input type="text"/>	Date of Birth: <input type="text"/> (if not known, please give approximate age)	Date of Referral: <input type="text"/>
Address: <input type="text"/>	Gender: M <input type="checkbox"/> F <input type="checkbox"/>	Service/Client Group: <input type="text"/>
Postcode: <input type="text"/>		
Telephone No: <input type="text"/>	Is the person known to the Trust? Yes <input type="checkbox"/> No <input type="checkbox"/>	Reference No: <input type="text"/>

SECTION ONE

Section 1 – completed by Referrer

Source Of Referral			
<input type="checkbox"/> Carer	<input type="checkbox"/> Other Trust	<input type="checkbox"/> RQIA	<input type="checkbox"/> Regulated Care Home
<input type="checkbox"/> GP	<input type="checkbox"/> Other Health Professional	<input type="checkbox"/> Adult Mental Health Unit	<input type="checkbox"/> Other Regulated Facility <i>Specify</i>
<input type="checkbox"/> Hospital Staff	<input type="checkbox"/> Anonymous	<input type="checkbox"/> Self	<input type="checkbox"/> Learning Disability Hospital
<input type="checkbox"/> PSNI	<input type="checkbox"/> Social Worker	<input type="checkbox"/> MARAC	<input type="checkbox"/> Other <i>Specify</i>
<input type="checkbox"/> DHSS	<input type="checkbox"/> Care Manager/Care or Homecare Worker	<input type="checkbox"/> Adult Safeguarding Champion	<input type="text"/>
<input type="checkbox"/> Vol. Organisation	<input type="checkbox"/> Housing Association	<input type="checkbox"/> Acute General Hospital	<input type="text"/>

Details Of Referrer (the person who brings the concerns to the attention of your agency)		
Name: <input type="text"/>	Relationship to adult at risk of harm: <input type="text"/>	
Job title and agency: <input type="text"/>	Contact number: <input type="text"/>	<input type="text"/>
Who Was The First Person To Note Concern		
Name: <input type="text"/>	Relationship to adult at risk of harm: <input type="text"/>	Contact number: <input type="text"/>

APP1 FORM

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APP1 FORM

Key Contacts			
	Name	Address	Contact number:
Key Worker			
Care Manager			
G.P			
Family/Carer			
Significant other			
Other			

What Is The Main Form Of Suspected, Admitted Or Known Abuse?			
<input type="checkbox"/> Physical	<input type="checkbox"/> Sexual	<input type="checkbox"/> Institutional Abuse	<input type="checkbox"/> Human Trafficking
<input type="checkbox"/> Financial	<input type="checkbox"/> Neglect	<input type="checkbox"/> Psychological	<input type="checkbox"/> Domestic Violence
<input type="checkbox"/> Discrimination	<input type="checkbox"/> Exploitation		

Incident Report
Background Information: <i>(To include factors precipitating referral, home circumstances, support available, including issues of capacity)</i> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
Incident Report – Location / Date / Time of Incident <i>(Please give exact details of what has been reported and if appropriate include names of any witnesses and note injuries on the attached body chart)</i> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
Details Of Any Witnesses <div style="display: flex; justify-content: space-between;"> <div> Name: <div style="border: 1px solid black; width: 150px; height: 15px;"></div> Address: <div style="border: 1px solid black; width: 150px; height: 15px;"></div> Contact No: <div style="border: 1px solid black; width: 150px; height: 15px;"></div> </div> <div> Name: <div style="border: 1px solid black; width: 150px; height: 15px;"></div> Address: <div style="border: 1px solid black; width: 150px; height: 15px;"></div> Contact No: <div style="border: 1px solid black; width: 150px; height: 15px;"></div> </div> </div>

APP1 FORM

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APP1 FORM

Describe The Impact Of The Incident On the Adult At Risk of Harm

The Adult At Risk of Harm Usual Living Arrangements

Does the adult at risk of harm live alone?

☐ Yes ☐ No

Does the person who is suspected to have caused harm live with the adult at risk of harm?

☐ Yes ☐ NoIs the adult at risk of harm present location different from home address? ☐ Yes ☐ No *If Yes give present location*

Have You Taken Any Action Due To Emergency Situation To Avoid Immediate Serious Risk?

Was immediate protection needed for adult at risk of harm?

☐ Yes ☐ No*If Yes give details:*

Are there any children or other adults at risk?

☐ Yes ☐ No*If Yes give details:*

Was immediate protection required?

☐ Yes ☐ No*If Yes give details:*

Adult At Risk of Harm's Knowledge Of Referral

Does the adult at risk of harm know that a referral may be made?

☐ Yes ☐ No

Is the adult at risk of harm able to give informed consent?

☐ Yes ☐ No ☐

N/K

Has the adult at risk of harm consented to a referral?

☐ Yes ☐ No

APP1 FORM

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APP1 FORM

Details of Person/Persons Suspected of Causing Harm		
Name: <input type="text"/>	Date of Birth: <input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F
Address: <input type="text"/> <input type="text"/> <input type="text"/>		
Does the person/persons suspected of causing harm know that an allegation has been made against them? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/K		
Is the person/persons suspected of causing harm known to the adult at risk of harm? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/K		
If yes please specify below:		
<input type="checkbox"/> Family member	<input type="checkbox"/> Another service user	<input type="checkbox"/> Paid carer <input type="checkbox"/> Trust employee
<input type="checkbox"/> Other (specify)		

Any Additional Information Relevant To The Referral (Please note the views of others you have consulted and note any difference of opinion)	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	

Signature: <input type="text"/>	Date: <input type="text"/>
---------------------------------	----------------------------



APP1 FORM

SECTION TWO**Completed by Appointed Person**

Have 'Alerts' been checked to establish if previous APP1s are recorded? ☐ Yes ☐ No ☐ N/K

Have previous APP1 alerts been recorded? ☐ Yes ☐ No ☐ N/K

If yes give summary of previous APP1s

Actions Agreed By Appointed Other

Further information required prior to a decision being made and
If yes, What information is required and who will action ☐ Yes ☐ No

Answer EITHER

(a. HSC Trust Line managers)

Consultation with core team DAPO re adult at risk of harm

☐ Yes ☐ No

OR

(a. Adult Safeguarding Champion managers)

Consultation with key worker if known / or Adult Protection Gateway
service re adult at risk of harm

☐ Yes ☐ No

Referral of Adult in need of protection to
Trust Adult Protection Gateway Services

☐ Yes ☐ No

No further action under Adult Protection Procedures

☐ Yes ☐ No

Is there a need to refer to or notify?

☐ Professional Community Assessment ☐ Quality Assurance Team ☐ Care Management

☐ Contracts ☐ Human Resources ☐ Adverse incident reporting ☐ RQIA ☐ PSNI

Is there a need to consider any immediate Human Rights issues?

☐ Yes ☐ No

(Please refer to drop down of Convention Human Rights or manual form)

Details of Decision Making

This should prioritise issues of Risk/ Harm/ Possible Criminal Offence

Signature:

Date:

APP1 FORM

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APP1 FORM

APP1(b) - Initial Screening by Trust Adult Protection Service

SECTION THREE

* Section 3 – completed by Trust DAPO

Outcome of Initial Screening and Actions Agreed by DAPO under Adult Protection Procedures	Date: <input style="width: 80%;" type="text"/>
<i>Details of Decision Making</i> <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	
<input type="checkbox"/> Referral does not meet criteria for Trust Adult Protection Procedures <input type="checkbox"/> Decision pending further information <input type="checkbox"/> Referral forwarded to Trust core team for investigation as Adult at Risk of Harm <input type="checkbox"/> Referral accepted for Investigation under Adult Protection Procedures <input type="checkbox"/> Referral being considered under Joint Protocol	
Are there any considerations for allocation of referral? <div style="display: flex; justify-content: space-between;"> <div>Has the adult in need of protection any preferences relating to who should carry out the investigation? (e.g. gender) <i>If Yes, please specify</i></div> <div><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/K</div> </div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="display: flex; justify-content: space-between;"> <div>Has the adult in need of protection any special requirements? <i>If Yes, please specify</i></div> <div><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/K</div> </div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="display: flex; justify-content: space-between;"> <div>Are there issues of safety for the worker? <i>If Yes, state what safeguards are in place</i></div> <div><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/K</div> </div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="display: flex; justify-content: space-between;"> <div>Will the service user (adult in need of protection) be visited on the same day as referral received? <i>If no, state reasons</i></div> <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> </div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	



APP1 FORM

<i>Details of Decision Making</i>		
Is immediate action required to protect the adult in need of protection? Urgent medical attention required? <input type="checkbox"/> Yes <input type="checkbox"/> No Additional care resources or staff required? <input type="checkbox"/> Yes <input type="checkbox"/> No Protection or respite admission required? <input type="checkbox"/> Yes <input type="checkbox"/> No Any other action required <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>Details of decision making:</i>		
Is there a possible criminal offence? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/K Is there a need to preserve possible forensic evidence? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there a need for immediate report to the PSNI? <input type="checkbox"/> Yes <input type="checkbox"/> No Is Joint Agency Consultation required? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending more information <i>If Yes, please complete AJP1</i> <div> </div>		
Outcome of Report to PSNI / Joint Agency Consultation: (Lead agency to record all decisions on AJP documentation) PSNI lead Investigation <input type="checkbox"/> Yes <input type="checkbox"/> No Trust Lead Investigation <input type="checkbox"/> Yes <input type="checkbox"/> No Joint Protocol Investigation <input type="checkbox"/> Yes <input type="checkbox"/> No PIA required <input type="checkbox"/> Yes <input type="checkbox"/> No ABE interview required <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/K		



APP1 FORM

Are the criteria met for Not-Reporting to PSNI?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If criteria are met for Not-Reporting complete section below:			
In making the decision NOT to report to the PSNI please ensure that all criteria have been met. (<u>ALL</u> boxes must be ticked):			
<input type="checkbox"/> The victim has capacity to make an informed decision and does not want to make a complaint to PSNI / or the victim does not have sufficient capacity and the next of kin does not wish to make a complaint on their behalf <i>(Refer to Joint Protocol Appendix 7 Consent/Capacity/Human Rights)</i>			
and			
<input type="checkbox"/> The Trust is not required by law to make a referral to PSNI If the incident does not meet the threshold of relevant offence under section 5 of the Criminal Law Act (NI) 1967 <i>(Refer to Joint Protocol Appendix 2 Definition of Relevant Offence)</i>			
and			
<input type="checkbox"/> It is a minor incident A comprehensive assessment of all the factors must be taken into consideration <i>(Refer to Joint Protocol Appendix 8 Factors to be considered in the assessment of the seriousness of Harm and Risk of Harm)</i>			
and			
<input type="checkbox"/> The situation is being managed through an Adult Protection process and/or there are other protective measures in place			
Are there any Human Rights issues?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>(Please refer to drop down of Convention Human Rights or manual form)</i>			
Do the RQIA need to be informed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/K
If yes:-			
Name of Inspector:	<input type="text"/>	Date:	<input type="text"/>
Does the Trust need legal advice?		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/K
Date of Contact:	<input type="text"/>		

**APP1 FORM**

Are there any other potential DAPOs to be consulted?

☐ Yes
☐ No
☐ N/K
*If Yes give details:***Details Of DAPOS:**

Name:

Name:

Name:

Trust:

Trust:

Trust:

Service Area:

Service Area :

Service Area:

Contact No:

Contact No:

Contact No:

Has a discussion taken place?

☐ Yes
☐ No

If Yes record any joint working and feedback arrangements agreed between Managers/DAPOs (NB: This is critical when there is more than one Service area or one Trust involved).

Details of discussion:

Signature of DAPO:

Date:



APP1 FORM

Trust Adult Protection Investigation Commenced		Date:
Referral allocated to: <input type="text"/>		
DAPO: <input type="text"/>	Contact No: <input type="text"/>	
Investigating Officer: <input type="text"/>	Contact No: <input type="text"/>	
Allocated By: <input type="text"/>	Date: <input type="text"/>	

SOSCAR ADMIN BOX: SCREENING DECISION	DO DECISION AS PER CODES
MULTIPLE INCIDENT	
NO OF CLIENTS INVOLVED	
ALLEGED ABUSE	
STAFF INVOLVED	
ADULT PROTECTION PLAN INITIATED	
DATE AP PLAN INITIATED	
LEGAL STATUS OF CLIENT	
DATE OF JOINT AGENCY CONSULTATION	
OUTCOME OF JA CONSULTATION	
DATE SCREENING COMPLETED	
REASON SCREENING COMPLETED	



APP1 BODY MAP

ADULT PROTECTION PROCEDURES

REFERRAL FORM – BODY MAP

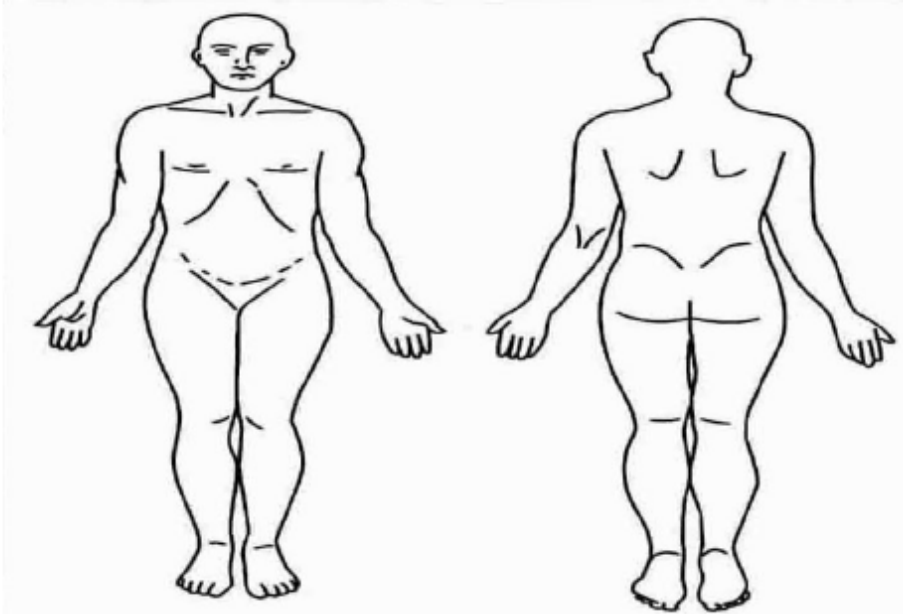
Name: _____

Date of birth: _____

Health & Social Care Number (if known) _____

APP1(a) Body Map is to be used in conjunction with the APP1Referral form by practitioners to record the location, size and number of injuries which may have been caused as a result of abuse or inappropriate care. Where used, the completed APP1(a) Body Map should be submitted with the APP1 Referral form.

Please mark with numbers drawn on the body map in black ink to indicate the different injuries, and provide brief details for each injury, e.g. measurements of wound, colour of bruise, etc using arrows (a ruler is provided to assist with measurement):



No	Site	Size	Bruise/cut/burn/ pressure ulcer/other	Colour	Comments
1					
2					
3					
4					
5					
6					

APP1 BODY MAP

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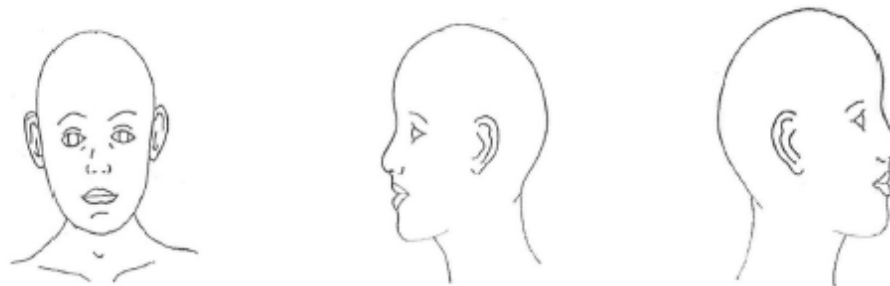


APP1 BODY MAP

Body Map notes:

Note any other details, such as anything the vulnerable adult discloses on examination (verbatim), or information received from any other source regarding injuries.

Front & Side Views – Head



Number	Site	Size	Bruise/cut/burn/ ulcer/other	pressure	Colour	Comments

Timing of Injury:	
Date when the Injury happened (if Known)	
Date Injuries above were first observed (if this is different to the original date)	

Completed By:	
Printed Name/designation of person completing Body Map form	
Signature of person completing Body Map form	
Contact details of person completing Body Map Form	
Date/time of completion	
(NB. When used, completed APP1 Body Map form should be attached to completed APP1 Referral form)	



APP2

REGIONAL ADULT PROTECTION PROCEDURES

ACKNOWLEDGEMENT OF REFERRAL*To be completed by the DAPO and returned to Referrer within 2 days*

NAME:	ADDRESS:	DATE OF BIRTH:
	TELEPHONE NO:	DATE OF REFERRAL:

OUTCOME OF REFERRAL RECEIVED
<p>Referral not appropriate for Adult Protection Investigation <input type="checkbox"/></p> <p>Adult Protection Investigation commenced <input type="checkbox"/></p> <p>Name of Designated Adult Protection Officer <input type="text"/></p> <p>Contact telephone number <input type="text"/></p> <p>Contact email address <input type="text"/></p> <p>Name of Investigating Officer (if appointed at this stage)</p> <p><input type="text"/></p> <p>Address <input type="text"/></p> <p>Contact telephone number <input type="text"/></p> <p>SIGNATURE OF DAPO <input type="text"/></p> <p>DATE <input type="text"/> <input type="checkbox"/></p>

ACKNOWLEDGEMENT APP2

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REGIONAL ADULT PROTECTION PROCEDURES

RISK ASSESSMENT AND MANAGEMENT

Introduction

This risk assessment and management tool should be used when a person aged 18 or over, whose exposure to harm through abuse, exploitation or neglect may be increased by their personal characteristics and/or life circumstances **AND** who is unable to protect their own wellbeing, property, assets, rights or other interest **AND** where the action or inaction of another person or persons is causing or is likely to cause him/her to be harmed. The assessment should be used to inform and support but not replace professional decision making.

Risk assessment and management planning should include key individuals that can contribute to the assessment of risk and/or the management response. This may necessitate the investigating officer commissioning specific risk assessments from relevant others which will be included in the overall risk assessment. Wherever possible this should always include the person who is at risk and in need of protection. If they decline to be involved or it is not appropriate for them to contribute, their views, as far as possible, should be included and feedback provided. If for reasons of mental capacity the person is unable to make decisions about their safety and welfare, it may be necessary to consider opinions from others who can represent them such as family, friends or an independent advocate.

List all risks that require to be considered. These are the risks that are or may leave the person open to harm through abuse, exploitation or neglect. There may be other risks that are managed effectively and therefore do not need to be included in this assessment. Sometimes the concerns emerge because of the persons at risk not accepting or engaging about the risks they are facing. If this is the case, seek to understand the reasons for this and how support can be offered in a manner acceptable to them.

The nature and degree of risk may change, over time, for a variety of reasons. It should not be assumed that the risk management plan will always remain necessary but it should at all times be proportionate, tailored and mindful of the Human rights of the person at risk and others as appropriate.

PRIVATE AND STRICTLY CONFIDENTIAL

NOTE:

The contents of these reports are not to be reproduced, copied or divulged.

Information obtained at a case discussion is not to be discussed with or revealed to others without first obtaining written permission from the source of the information.

**Any important omissions or inaccuracies in these reports should
Be notified to the Chairperson within 7 days: otherwise it
Will be assumed that the reports are agreed.**



APP3

REGIONAL ADULT PROTECTION PROCEDURES

RISK ASSESSMENT AND MANAGEMENT

(To be completed by INVESTIGATING OFFICER)

SECTION 1

NAME: <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/>	ADDRESS: <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> POSTCODE: <input style="width: 100%;" type="text"/>	DATE OF BIRTH: <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/>
REFERENCE NUMBER: <input style="width: 100%;" type="text"/>	TEL NO.: <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/>	GENDER: M <input type="checkbox"/> F <input type="checkbox"/>
NAME OF WORKER (S) AND JOB TITLE COMPLETING THE RISK TOOL & THOSE CONTRIBUTING TO THE ASSESSMENT <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/>		
Background: <i>(are there factors that may mean the person is more at risk of harm from others due to personal characteristics and / or life circumstances and is unable to protect themselves. Include existing strengths and protection factors precipitating referral, home circumstances, support available, high levels of carer stress or summary / outcome of previous investigations)</i> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/>		
Wishes of adult in need of protection: <i>(is the person aware of alleged abuse? If so what is their perception of the impact/potential impact of harm? Do they understand the risks around the situation they are in? What do they see as the benefits for them in taking the risk? What protective steps do they wish to consider? Do they want to remain in their current environment? Do they wish to involve police?)</i> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/>		
Capacity / consent to issues under investigation: <i>(Please include statement as to consent of adult in need of protection for information about risks to be shared; relevant reports / opinions and bear in mind how client's capacity might be enhanced, are the views of others required?)</i> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/>		



APP3

Section 2. Please complete separately for each risk identified	
Current Risk of abuse / harm identified. <div></div> <div></div> <div></div>	Specific evidence of risk of abuse / harm <div></div> <div></div> <div></div>
What has been the impact of the harm on the adult's independence, health, general wellbeing? <div></div> <div></div> <div></div>	Specific evidence demonstrating impact <div></div> <div></div> <div></div>
Assess evidence demonstrating Pattern / frequency of risk of abuse / harm for each identified risk. (consider repeated acts of omission / neglect that compromise safety) <div></div> <div></div> <div></div>	Outcome Isolated <input type="checkbox"/> Occasional occurrence <input type="checkbox"/> Repeated occurrence <input type="checkbox"/> Established pattern <input type="checkbox"/>
Evidence demonstrating probability of reoccurrence or escalation for each identified risk <div></div> <div></div> <div></div>	Outcome Unlikely <input type="checkbox"/> Likely <input type="checkbox"/> Highly probably <input type="checkbox"/> Certainty <input type="checkbox"/>
Assess the Severity of degree, extent and duration of risk of abuse / harm for each identified risk <div></div> <div></div> <div></div>	Outcome Serious <input type="checkbox"/> Moderately Serious <input type="checkbox"/> Very Serious <input type="checkbox"/> Extremely serious / Death <input type="checkbox"/>
Detail evidence which suggests the risk may constitute a potential criminal offence? (include relevant reference to coercion; threatening behaviour; abuse of trust / position) <div></div> <div></div> <div></div>	Specific evidence demonstrating risk <div></div> <div></div> <div></div>
Has there been an impact on other adults at risk / in need of protection or children? <div></div> <div></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes record what appropriate action has been taken to protect?)
Positive factors that minimise each identified risk of abuse / harm <div></div> <div></div> <div></div>	



APP3

Section 3**Human Rights Considerations:**

Identify which Human Rights have been considered:

(see attached European Convention guidance and please give details)

Risk analysis summary:**View of Professional**

View of adult in need of protection / carer

Explain reasons for any disagreements to the risk assessment and by whom

Completed by:

Date:

Adult in need of

protection signature

Date:

Carer signature

Date:

Review Date:



APP4

REGIONAL ADULT PROTECTION PROCEDURES

PROTECTION PLAN

PRIVATE AND STRICTLY CONFIDENTIAL

NOTE:

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Will be assumed that the reports are agreed.

NAME:		DATE CREATED:		DATE OF COMMENCEMENT:		DATE OF REVIEW:	
-------	--	---------------	--	-----------------------	--	-----------------	--

RISK	ASSESSED NEED	INTERVENTION	BY WHOM	REASON FOR NOT TAKING ANY ACTION
1.				
2.				
3.				
4.				
5.				
6.				



APP4

UNMET NEED AND UNRESOLVED ISSUES: <i>(If there are unmet needs or unresolved issues, identify the alternative services that have been provided)</i> ARE ANY OF THE FOLLOWING ACTIONS REQUIRED <i>(tick all appropriate boxes)</i>	
<input type="checkbox"/> REFERRAL TO THE OFFICE OF CARE AND PROTECTION <input type="checkbox"/> ADMISSION TO A CARE FACILITY <input type="checkbox"/> NON-MOLESTATION ORDER <input type="checkbox"/> DASH FORM	<input type="checkbox"/> APPLICATION FOR GUARDIANSHIP M.H.O. <input type="checkbox"/> ADMISSION FOR ASSESSMENT M.H.O. <input type="checkbox"/> REFERRAL TO MARAC <input type="checkbox"/> CARER'S ASSESSMENT

ADULT IN NEED OF PROTECTION / CARER COMMENTS:	
WILL THIS CASE BE MONITORED UNDER THE ADULT PROTECTION PROCEDURES <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, BY WHOM:	IF NO, <input type="checkbox"/> THE INVESTIGATING OFFICER WILL CONTINUE IN A KEY WORKER ROLE
WHAT IS THE FREQUENCY OF MONITORING:	<input type="checkbox"/> CASE TRANSFERRED TO OTHER KEY WORKER / SERVICE (please specify)
WILL THE MONITORING BE MANAGED VIA:	<input type="checkbox"/> CLOSE CASE UNDER ADULT PROTECTION
<input type="checkbox"/> PROFESSIONAL SUPERVISION DATE:	<input type="checkbox"/> OTHER (please specify)
<input type="checkbox"/> CASE DISCUSSION/CONFERENCE DATE:	
ADULT IN NEED OF PROTECTION'S SIGNATURE:	AND/OR CARER / ADVOCATE / REPRESENTATIVE'S SIGNATURE:
DATE:	DATE:
KEY WORKER SIGNATURE:	DESIGNATED ADULT PROTECTION OFFICER
DATE:	SIGNATURE:
	DATE:



APP5

REGIONAL ADULT PROTECTION PROCEDURES

STRATEGY / CASE DISCUSSION MINUTES

PRIVATE AND STRICTLY CONFIDENTIAL

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This provides a template to record who attended the meeting, reports submitted and future review arrangements. The DAPO will also include a minute of the essential facts, discussion and decisions taken at the meeting.

NAME:	ADDRESS:		DATE OF BIRTH:
REFERENCE NO:			GENDER: M <input type="checkbox"/> F <input type="checkbox"/>
	POSTCODE:		
VENUE:		DATE	
DAPO CHAIR:			
WAS THE SERVICE USER INVITED? YES <input type="checkbox"/> NO <input type="checkbox"/>			
WAS THE SERVICE USER IN ATTENDANCE? YES <input type="checkbox"/> NO <input type="checkbox"/>			
(if not give details)			
OTHERS INVITED (ADVOCATE OR CARER)			
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			



APP5

NAME OF THOSE PRESENT	TITLE

LIST OF APOLOGIES RECEIVED

WRITTEN REPORTS SUBMITTED BY:

Free-text Minutes

Prompt: please evidence due consideration of Human Rights issues through completion of risk assessment.

INTRODUCTIONS / PURPOSE OF MEETING

- *Synopsis of referral and immediate actions taken to safeguard the individual(s)*

PROFESSIONAL REPORTS

- *Key worker*
- *PSNI*
- *RQIA*
- *Human Resources(if applicable)*
- *Professional*
- *Other reports*

DISCUSSION – *Record of concerns raised and consideration given to the following as appropriate in making multiagency decisions: -*

- *Consent / capacity*
- *Undue influence / coercion*
- *Crime prevention*
- *Human Rights Considerations*
- *Best interests Concept*
- *Proportionate Response*
- *Wishes of the Adult in Need of Protection*
- *Safeguarding of other adults at risk of harm and children*
- *Supports for adult in need of protection and family through investigation process*
- *Employee Relations issues / Contracts Dept. External Providers*

STRATEGY / CASE DISCUSSION MINUTES APP5**2 | Page**



APP5

INVESTIGATION STRATEGY

- *Process of Investigation – single/joint (include detail of methodology – Medical / structured meetings / documentary evidence to be reviewed / Joint Interview)*
- *Appointment of Investigating Officer*
- *Who will conduct interviews / structured meetings / when / with whom*
- *Requirement for ABE Joint Protocol interview*
- *Arrangements for special needs, race, culture, gender, language, communication etc.*

REVISED CARE PLAN *including Actions to be taken / when / by whom*

- *Services, treatment or therapy to be accessed*
- *Modifications in services*

REVIEW OF PROTECTION PLAN (record on APP4)

- *Steps to be taken to ensure future safety, incl. When and by whom.*
- *Support services through the legal process*
- *Updated risk assessment and management including actions to be taken*

OTHER ACTIONS

- *Reporting to other bodies. I.e. RQIA, Professional Regulators, DBS*
- *Reporting back arrangements and communication strategy.*
- *Record of reasons for not proceeding where there is no significant indicator of risk or insufficient evidence to substantiate concern(s)*
- *Decision to terminate protection plan and close involvement on SOS CARE module.*
- *Date for next meeting following completion of the investigation or earlier if required.*

SOS CARE ADMIN BOX: UPDATE VA STRATEGY PLANNING	
1	Date of Meet/Discussion
2	Type of Contact (Select from coded list)
3	Location of incident
4	Alleged Abuse (Select from coded List)
5	DAPO
6	Method of Discussion (Select from coded list)
7	Location of Meeting
8	Other Staff involved (Soscare number)
9	Other Agencies (select from coded list)
10	Initiate/Review APP (Y <input type="checkbox"/> or N <input type="checkbox"/>)
11	Outcome
12	Date Next meet/Discussion
13	Clarification Meeting
14	Date
15	Date of Investigation



APP5

SOSCAR ADMIN BOX: VA CASE DISCUSSION STAGE (Complete for every Discussion/Review)

4	Other agencies involved (select from coded list)	<input type="text"/>
5	Category of abuse	<input type="text"/>
6	Outcome of case discussion (select from coded list)	<input type="text"/>
7	Has APP been updated?	<input type="text"/>
8	Date of Next Discussion/Review	<input type="text"/>
9	Termination date	<input type="text"/>
10	Reason for termination	<input type="text"/>

Signed:

Dated:



APP6

ADULT PROTECTION PROCEDURES

SIGNIFICANT SAFEGUARDING MEETING / EVENT REPORTPRIVATE AND STRICTLY CONFIDENTIAL**NOTE:**

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Be notified to the Chairperson within 7 days: otherwise it
Will be assumed that the reports are agreed.

NAME OF ATTENDEE: <input type="text"/>		ADDRESS: <input type="text"/>	
<input type="text"/>		<input type="text"/>	
(IF APPLICABLE) NAME AND POSITION OF PERSON ACCOMPANYING: <input type="text"/>		TEL. NO: <input type="text"/>	
ALLEGED VICTIM REFERENCE NO: <input type="text"/>		<input type="text"/>	
NAMES OF INVESTIGATION STAFF: <input type="text"/>			
DATE: <input type="text"/>	TIME: <input type="text"/>	VENUE: <input type="text"/>	
PURPOSE OF THE MEETING:			
<i>(Include Boundaries of Confidentiality; whistleblowing policy & potential use of safeguarding report and information for HR processes as appropriate.)</i> <input type="text"/>			
<input type="text"/>			
<input type="text"/>			
<input type="text"/>			
<input type="text"/>			
<input type="text"/>			
GENERAL BACKGROUND QUESTIONS:			
<input type="text"/>			
<input type="text"/>			
<input type="text"/>			
<input type="text"/>			
<input type="text"/>			
<input type="text"/>			
<input type="text"/>			
<input type="text"/>			
<input type="text"/>			



APP6

SPECIFIC QUESTIONS PERTAINING TO INDIVIDUAL CONTEXT:

(Open ended questions should be relevant to the aspect of care / support being provided and investigated in order to gather the individual's knowledge of the circumstances)

REPORT OF ALLEGED INCIDENT AND COMMENTS FROM THOSE PRESENT:

Summary of Action required:

- To safeguard adults; children or others:

--

- Is dash form required?

--

- To forward information to identified and agreed persons.

--

Signature of
investigators

Date

--



APP7

ADULT PROTECTION REPORT ON THE INVESTIGATION IN RESPECT OF

DATE:

Designated Adult Protection Officer:

Designation:

Report Authors:

Date report signed off:

PRIVATE AND STRICTLY CONFIDENTIAL

NOTE:

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ADULT PROTECTION INVESTIGATION REPORT APP7

Page



APP7

EXECUTIVE SUMMARY

LIST THE MEMBERSHIP OF THE INVESTIGATION TEAM. (IO (s) and DAPO)

INVESTIGATION TERMS OF REFERENCE (What have you been asked to do?)

INVESTIGATION METHODOLOGY (How were the concerns investigated. Include details of any capacity/consent issues, interviews conducted, documentation reviewed, outcome of JP/PSNI investigations etc.)

PROVIDE A DESCRIPTION OF INCIDENT/CASE. (Outline the details of the adult safeguarding concerns including any previous concerns. Include a pen picture of the adult/s in need of protection.)



APP7

FINDINGS *(This section must include the detail and analysis of the factual evidence identified in the investigation including the source and dates of any meetings where information came to light. Detail must include the weight attributed by the IO to the seriousness of the harm /abuse and the rationale for same. Attach a copy of the risk assessment completed by the IO.)*

CONCLUSIONS *(Were the adult safeguarding allegations substantiated on the balance of probability/not substantiated etc. Include the views of the Adult in Need of Protection and/or their representative.)*

LESSONS LEARNED

RECOMMENDATIONS AND ACTION PLANNING



APP7

DISTRIBUTION LIST	



APP8

REGIONAL ADULT PROTECTION PROCEDURES**CLOSURE / TRANSFER SUMMARY MEETING****PRIVATE AND STRICTLY CONFIDENTIAL****NOTE:**

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Will be assumed that the reports are agreed.

NAME:		ADDRESS:		DATE OF BIRTH:	
REFERENCE NO:				GENDER:	M <input type="checkbox"/> F <input type="checkbox"/>
DATE OF REFERRAL:		POSTCODE:			
Adult Safeguarding investigation completed <input type="checkbox"/> Yes <input type="checkbox"/> No					
Summary of Investigation outcomes discussed at case discussion:					
AGREED ACTION					
Case to be transferred <input type="checkbox"/> Yes <input type="checkbox"/> No					
(if yes complete Sections One and Two)					
Case closed <input type="checkbox"/> Yes (if yes complete Section One) <input type="checkbox"/> No					
SECTION ONE (CASE TO BE CLOSED TO ADULT PROTECTION SERVICE)					
Reason for Closure?		Investigation complete	<input type="checkbox"/>	Client unwilling to proceed	<input type="checkbox"/>
		Refer other agency	<input type="checkbox"/>	Refer other process	<input type="checkbox"/>
Has anyone expressed a contrary view to transfer/closure? <input type="checkbox"/> Yes <input type="checkbox"/> No					
(if yes specify)					
Has the service user been informed in writing? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Has the referrer been notified of outcome? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have relevant others been informed in writing? <input type="checkbox"/> Yes <input type="checkbox"/> No					
(if yes specify) (include contracts; HR; RQIA; other professionals)					

CLOSURE TRANSFER RECORD APP8

1 | Page



APP8

SECTION TWO (ONGOING SAFEGUARDING ACTIVITY WITH ADULT AT RISK)

<input type="checkbox"/> Investigating officer will continue with a key worker role in core team	
<input type="checkbox"/> Transfer to other services (specify) <input type="text"/> Date of Transfer <input type="text"/>	
<input type="checkbox"/> Transfer to Investigating Officer in different team (specify) <input type="text"/> Date of Transfer <input type="text"/>	
<input type="checkbox"/> Transfer to other Trust (specify) <input type="text"/> Date of Transfer <input type="text"/>	
<input type="checkbox"/> Other (specify) <input type="text"/> Date of Transfer <input type="text"/>	
<input type="checkbox"/> Date SOSCAR completed <input type="text"/>	
SIGNED INVESTIGATING OFFICER <input type="text"/> <input type="text"/>	DATE <input type="text"/> <input type="text"/>
SIGNED DAPO <input type="text"/> <input type="text"/>	DATE <input type="text"/> <input type="text"/>

Form forwarded to: Care Manager ☐ GP ☐ PSNI ☐ Care Provider ☐

RQIA ☐ Client/Carer ☐ Relevant other ☐



APP9

REGIONAL ADULT PROTECTION PROCEDURES CASE RECORD / CONTACT SHEET

Worksheet No:

Reference No:

Client Name:

Address:

DOB:

[illegible]



APP9

REGIONAL ADULT PROTECTION PROCEDURES CASE RECORD / CONTACT SHEET

Worksheet No:

Reference No:

Client Name:

Address:

DOB:

[illegible]

Title:	Adult Mental Health and Learning Disability Absent without Leave Procedure (AWOL)		
Author(s)	Mairead Mitchell, Senior Manager, Service Improvement and Governance Additional Authors: - Brendan Ingram, Noel McDonald, Jenni Armstrong, Barry Mills, Patricia Minnis, Agnes Dee, Kevin Mackel		
Ownership:	Catherine McNicholl, Director, Adult Social and Primary Care		
Approval by:	LD Governance MH Governance Standards and Guidelines Policy Committee Executive team Meeting	Approval date:	05/05/2016 09/12/2015 17/08/2016 05/10/2016 19/10/2016
Operational Date:	November 2016	Next Review:	November 2021
Version No.	V2	Supersedes	V1 – November 2013 - 2016
Key words	AWOL, absent, absconding, leave, risk, MHL		
Links to other policies	<ul style="list-style-type: none"> Belfast Health and Social Care Trust Patient Absent Without Permission Policy http://intranet.belfasttrust.local/policies/Documents/Patient%20absent%20without%20permission.pdf Belfast Health and Social Care Trust Adult Protection Policy and Procedure http://intranet.belfasttrust.local/policies/Documents/Adult%20Protection%20Policy%20and%20Procedures.pdf 		

Date	Version	Author	Comments
23/10/15	1.1	P. Minnis J. Armstrong	Reviewed and updated following development of regional guidance by HSCB
09/12/15	1.1	As above	Approved by Mental Health and CAMHS Governance Group
05/05/16	1.1	As above	Approved by Learning Disability Governance Group

1.0 INTRODUCTION / PURPOSE OF POLICY

1.1 Background

Belfast Trust Mental Health and Learning Disability Services seeks to promote and maintain a caring and safe environment for all users admitted to any of the Trust's mental health or learning disability inpatient facilities.

However all staff must always be alert to the possibility that a patient may go missing either by absconding or leaving the inpatient facility.

Patients will be defined as absent without leave (AWOL) in accordance with the Mental Health Order (N.I) 1986 if they leave any of the Trust's mental health or learning disability inpatient facilities without permission/knowledge of staff or fail to return from escorted or unescorted leave.

1.2 Purpose

To provide guidelines for staff to follow and implement when it is determined that a patient is absent without leave from any of the Belfast Trust's mental health or learning disability inpatient facilities and to assist in the safe return of the patient to the facility.

1.3 Objectives

- To support staff in identifying when a patient should be regarded as absent without leave (AWOL);
- Minimise the risks to patients and/or others including the risk of disruption to their treatment and care plan;
- Support staff in identifying the need for Police (PSNI) involvement in a timely and appropriate fashion;
- Establish a formal and robust reporting and monitoring procedure for AWOLs across Health and Social care;
- Ensure lessons learnt are appropriately communicated to inform practice.
- To comply with all the recommendations from the following: -
 - The Report of the Inquiry Panel (McCleery) to the Eastern Health and Social Services Board 2006.
 - The Report of the Inquiry Panel (McCartan) to the Eastern Health and Social Services Board 2007.

2.0 SCOPE OF THE POLICY

This procedure applies to both voluntary and detained patients and all staff involved in the delivery of care to patients in mental health or learning disability inpatient facilities.

3.0 ROLES/RESPONSIBILITIES

All staff working within the mental health or learning disability inpatient facility have a responsible role to play in achieving the above procedural objectives.

There are specific roles and responsibilities outlined in the procedure for: -

- **Co-Director for Mental Health/Learning Disability Services:**
 - To ensure provision and distribution of comprehensive, up to-date procedure based on regional guidance;

- **Service/Operations Manager:**
 - To ensure the procedure is consistently implemented across all inpatient mental health/learning disability wards;
 - To work with the Ward Sister/Charge Nurse in monitoring the frequency of the policy being put into action, identifying lessons learnt where appropriate and informing practice.
- **Ward Sister/Charge Nurse/Nurse in Charge (hereafter known as Nurse in Charge):**
 - To ensure that staff are conversant with and consistent in their application of the procedure and clear about their individual responsibilities;
 - To ensure an incident report is completed when an AWOL incident has occurred as per the procedure;
 - To ensure all appropriate documentation is completed as per the procedure;
 - To work with the Operations Manager in monitoring the frequency of the procedure being put into action and identifying lessons learnt where appropriate and informing practice.
- **Multidisciplinary Team member:**
 - To ensure they are conversant with the procedure;
 - To understand their individual role and responsibility in relation into implementation of the procedure;
 - To work with the Ward Sister/Charge Nurse in monitoring the frequency of the procedure being put into action and identifying lessons learnt where appropriate and informing practice.

4.0 **KEY POLICY PRINCIPLES**

The guidelines below set out the processes to be followed when a patient is discovered to be AWOL.

4.1 **Levels of risk of patient absent without leave**

On admission, risk assessments, management plans and care/ treatment plans should always include consideration of the risk of AWOL and associated factors that could affect the health and safety of the patient and/or others in the event of the patient being absent without leave/missing.

The patient's documentation must be updated and reviewed following an incidents of absconding, taking into consideration any pre-disposing factors which may have led to the incident. Discussion should take place at individual patient's multidisciplinary team meetings following any AWOL incident to determine the need for any change to treatment plan.

The level of risk of the missing patient should be determined by their care plan, risk assessment and multidisciplinary notes. All action taken must be recorded in the patient's notes, and other relevant documentation.

4.2 Process to be followed when a patient goes AWOL

4.2.1 The Nurse in Charge will: -

- Carry out an immediate search of the inpatient facility and surrounding areas;
- Having ascertained that the patient has left and not returned to the inpatient facility, contact the duty nurse manager/senior nurse co-ordinator;
- Attempt to contact patient – i.e. mobile phone, home phone, possible destinations
- Complete the AWOL Form (Appendix 1);
- Inform Medical Staff/Duty Doctor;
- Inform the next of kin/carer and provide advice about what to do if they locate the patient and a specific point of contact for communicating with staff throughout the period of absence;
- Contact relevant people listed in Section 4 of the AWOL form and document this;
- Inform the PSNI and provide personal and descriptive information including associated risks which are available on the AWOL form*;
- Record in patient notes, risk assessment and care plan, giving the date and time the patient has gone absent without leave and record on any other daily returns documentation kept on the ward;
- Complete an incident form on DATIX within 24 hours;
- In the case of all Part III restricted patients going absent without leave contact the Department of Justice. A Health Social Care Board Serious Adverse Incident Report Form should also be completed and sent to the Operations Manager for processing.

*** Should a patient be deemed a significant risk to either themselves or others, the PSNI should be contacted immediately.**

4.2.2 The Duty Nurse Manager/Senior Nurse Co-ordinator will: -

- Organise a search team for a search of the grounds;
- Contact the Senior Manager on Call if there is concern regarding the patient's vulnerability or risk status;
- Communicate with relevant personnel as per section four list;
- In the case of all Part III restrictive patients ensure the Department of Justice has been notified and that an HSC Serious Adverse Incident Report Form has been completed and forwarded to the Operations Manager

4.2.3 The Medical Staff/Duty Doctor will liaise with the Nurse in Charge;

4.2.4 Staff escorting patient who goes absent without leave will: -

- Remain within a safe distance of the patient where appropriate and safe to do so;
- Follow the recommendations stated within the patient's risk assessment;
- Contact the Nurse in Charge to advise of the incident;
- Return to the inpatient facility should they lose sight of the patient.

4.3 Responsibilities for patients going absent without leave who are located outside of the Belfast Health and Social Care Trust catchment area

The Belfast Health and Social Care Trust has ultimate responsibility for the safe return of the patient going absent without leave and this policy should be implemented for out of area AWOLs.

4.4 General Hospitals

If a patient who has been transferred to a general hospital goes absent without leave whilst in their care, it is the responsibility of that hospital to implement the Trust's Absent without Permission Policy.

4.5 Refusal to return

If the patient is located and refuses to return, action taken will depend on the patient's legal status, risk and location.

If the patient is identified as absent without leave within a short period of time and known to be safe i.e. in the company of their carer/next of kin, the Nurse in Charge will discuss this with the Duty Doctor/Medical Staff to determine the appropriate response;

Attempts should be made to discuss the patient's return directly with the patient and/or carer/next of kin;

A joint decision may be made by medical and nursing staff to agree to overnight leave if they are satisfied that there is no immediate risk of harm to the patient or others and that the patient will return subsequent to the agreed period of leave;

A joint decision may be made as to whether a patient's medication should be supplied to their home address;

A full record of this decision detailing that an alternative plan of action has been agreed for the patient's return to hospital will be recorded in the patient's care plan, risk assessment and multidisciplinary notes;

The Nurse in Charge will ensure the patient and carer/next of kin has contact details for the inpatient facility should there be a change in circumstances and any advice appropriate to the patient's well being;

If it is deemed unsafe for staff to return the patient to the ward safely they should contact the PSNI for advice or assistance if required.

4.6 Procedures to be followed on a patient's return

The Medical Staff/Duty Doctor will carry out a joint mental and physical assessment in conjunction with the Nurse in Charge immediately regarding the patient's leave status and review level of observation. If the patient does not give consent to a physical examination being carried out, visual observations should be recorded only until the patient is willing to participate in a physical examination. If a doctor has concerns about the physical health of a patient who has refused to participate in a physical examination the doctor should contact the Consultant for advice. This should be recorded in patient records;

The Medical Staff/Duty Doctor and Nurse in Charge will ascertain the reason for the patient going absent without leave and discuss the patient's leave status with them. Emphasis should be given to the need for the patient to negotiate their intentions to leave the ward and taking responsibility for their input into the treatment process. Discussion should also take place around what strategies can be implemented in the future to prevent a reoccurrence (this should be recorded in the patient's records). Where appropriate relatives/next of kin/carers should also be included in this discussion;

The Medical Staff/Duty Doctor must examine the patient on his/her return and recording findings in their care plan, risk assessment and multidisciplinary notes. If out of hours and a doctor is not present on the ward, a decision should be made by the Nurse in Charge whether the doctor is called immediately or the patient is referred to the medical team the following day; the nurse may contact the doctor to seek their advice;

The patient's notes will be updated to include levels of observation and leave status;

The patient may require to be searched as per local guidance;

If there is evidence to suggest that the patient has been the victim of a crime during the period they were missing, consideration should be given to informing the PSNI, subject to the wishes of the patient or their next of kin;

The Nurse in Charge will notify relevant people in Section 4 of the AWOL form and complete this. In the event of a patient returning out of hours, it will be at the discretion of the Nurse in Charge whether to inform the Senior Manager/Manager on Call immediately or the next day;

The Nurse in Charge will update the incident form on DATIX. An ASP1 form should be completed where there is evidence to suggest that the patient has been the victim of a crime during the time they were missing.

4.7 Multidisciplinary review following the patient's return following absent without leave incident

The Multidisciplinary Team will review the absent without leave incident and update the patient's care plan, risk assessment and multidisciplinary notes.

4.8 Action to be taken when a patient cannot be located

The Nurse in Charge will ensure on-going review of the situation and ensure that any actions/outcomes are noted in the patient's documentation;

Communication with others will be maintained as appropriate until the situation is resolved.

If after an appropriate period of time as determined by the multidisciplinary team, a voluntary patient has not been located, a decision may be taken to discharge them pending the outcome of the multidisciplinary team discussion and risk assessment.

If a Part II Detained patient remains missing following the expiration of their detention, a decision may be taken to discharge them pending the outcome of the multidisciplinary team discussion and risk assessment.

Where a Part III Restricted Patient remains missing, they will be deemed to be unlawfully at large and staff should continue to maintain contact with the PSNI and Department of Justice (DOJ) to ensure their safe return.

5.0 IMPLEMENTATION OF POLICY

5.1 Dissemination

This policy will be disseminated to all staff within Mental Health and Learning Disability Services.

5.2 Resources

No additional resources are required.

5.3 Exceptions

The scope of this policy applies to the Mental Health and Learning Disability inpatient wards within Adult Social and Primary Care Directorate.

6.0 MONITORING

Mental Health/Learning Disability Service Managers will have the responsibility to measure, monitor and evaluate compliance with the procedure including an overview of the frequency of instigation of the procedure.

Identification of trends will be part of the monitoring process; if differential patterns emerge this will be explored further and lessons learnt will be reflected in future practice.

7.0 EVIDENCE BASE / REFERENCES

- The Report of the Inquiry Panel (McCleery) to the Eastern Health and Social Services Board 2006.
- The Report of the Inquiry Panel (McCartan) to the Eastern Health and Social Services Board 2007.
- Promoting Quality Care – Good Guidance on the Assessment and Management of Risk, DHSSPSNI, May 2010
- Belfast Health and Social Care Trust Patient Absent Without Permission Policy
- Belfast Health and Social Care Trust Safeguarding Vulnerable Adult Policy
- The Mental Health (Northern Ireland) Order 1986.
- The Human Rights Act 1998.
- The Northern Ireland Act 1998 (Section 75 Equality Considerations)
- Children (NI) Order 1995-The Regional Child Protection Policy and Procedures (ACPC 2005)
- The Data Protection Act 1998
- PSNI Golden Hour Initiative
- Regional Guidelines for the Management of Service Users Missing or Absent Without Leave (AWOL) from Mental Health/Learning Disability Inpatient Settings

8.0 CONSULTATION PROCESS

This Policy has been developed following consultation with: -

Belfast Trust Mental Health and Learning Disability Services, Hospital and Community Services;
Belfast Trusts Users, Advocacy and Carers Forums.

9.0 APPENDICES / ATTACHMENTS

Appendix 1 AWOL Form

Appendix 2 AWOL Procedure Flowchart

Appendix 3 Patient returning from AWOL Flowchart

10.0 EQUALITY STATEMENT

In line with duties under the equality legislation (Section 75 of the Northern Ireland Act 1998), Targeting Social Need Initiative, Disability discrimination and the Human Rights Act 1998, an initial screening exercise to ascertain if this policy should be subject to a full impact assessment has been carried out.

The outcome of the Equality screening for this policy is:

Major impact ☐

Minor impact ☐

No impact. ☐

SIGNATORIES

(Policy – Guidance should be signed off by the author of the policy and the identified responsible director).



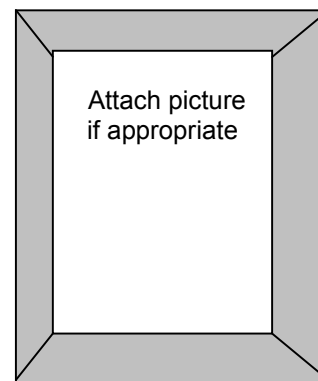
Author

Date: _____ November 2016 _____



Director

Date: _____ November 2016 _____



AWOL Form – To be completed by Nurse in Charge

Section 1:				
Name:		Gender:		Hospital No:
Consultant:		Signature of Nurse:		Date Completed:
D.O.B.		Age:		Nationality:
Time:		Ward:		Service:
Legal Status:				
PSNI Reference Number:			PSNI Call Handler Name:	
Voluntary <input type="checkbox"/>	Pt II Detained <input type="checkbox"/>	Pt III Unres <input type="checkbox"/>	Pt III Res <input type="checkbox"/>	Other <input type="checkbox"/>
Bail Conditions:				
Admission Source/ Home Address/Next of Kin (including contact details):				
Height:		Complexion:		
Weight:		Eyes:		
Build:		Hair:		
Identifying Marks/Distinguishing Features i.e. tattoos, scars etc.				
Next Of Kin:				
Name of Admitting Nurse:			Signature:	

Section II

Known Risks as documented in Risk Assessments**Immediate concerns****Harm to Self (including self harm/suicidal ideation, alcohol/substance misuse, neglect)****Harm from others (including vulnerable adult issues)****Harm to others (including child care and vulnerable adult issues, dissocial offending behaviour, violence and aggression)****Potential Victims****Other (should include any physical impairment or other risks)****Section III:**

Date and time last seen/by whom/where:

Clothes Worn:

Jewellery:

Nurse Reporting:

Likely whereabouts or destination of missing patient:

Date: _____

Time: _____

Signature: _____

Section IV:

To be completed by the Nurse in Charge for a patient who goes missing

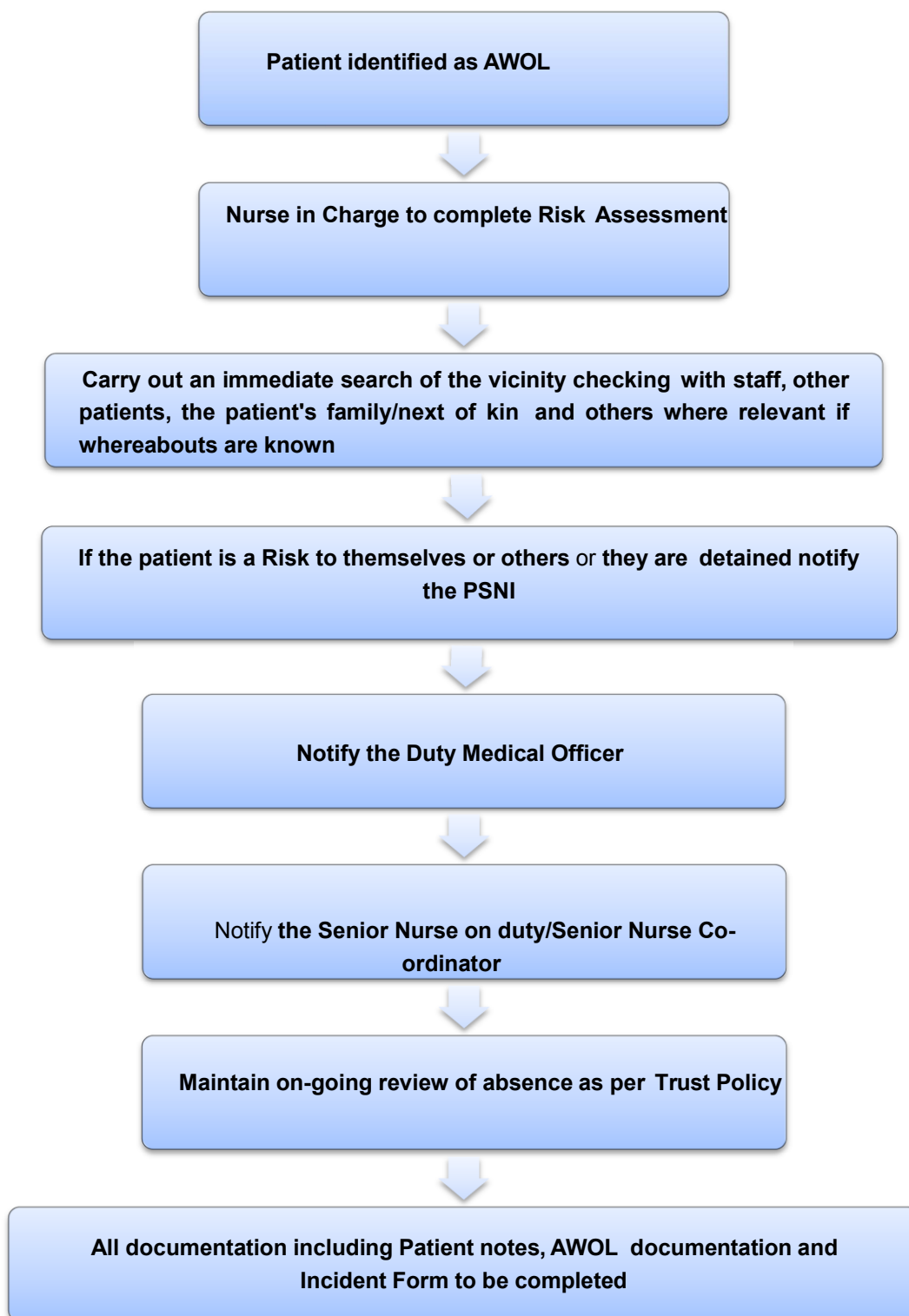
Date & Time Patient Returned to Ward: _____

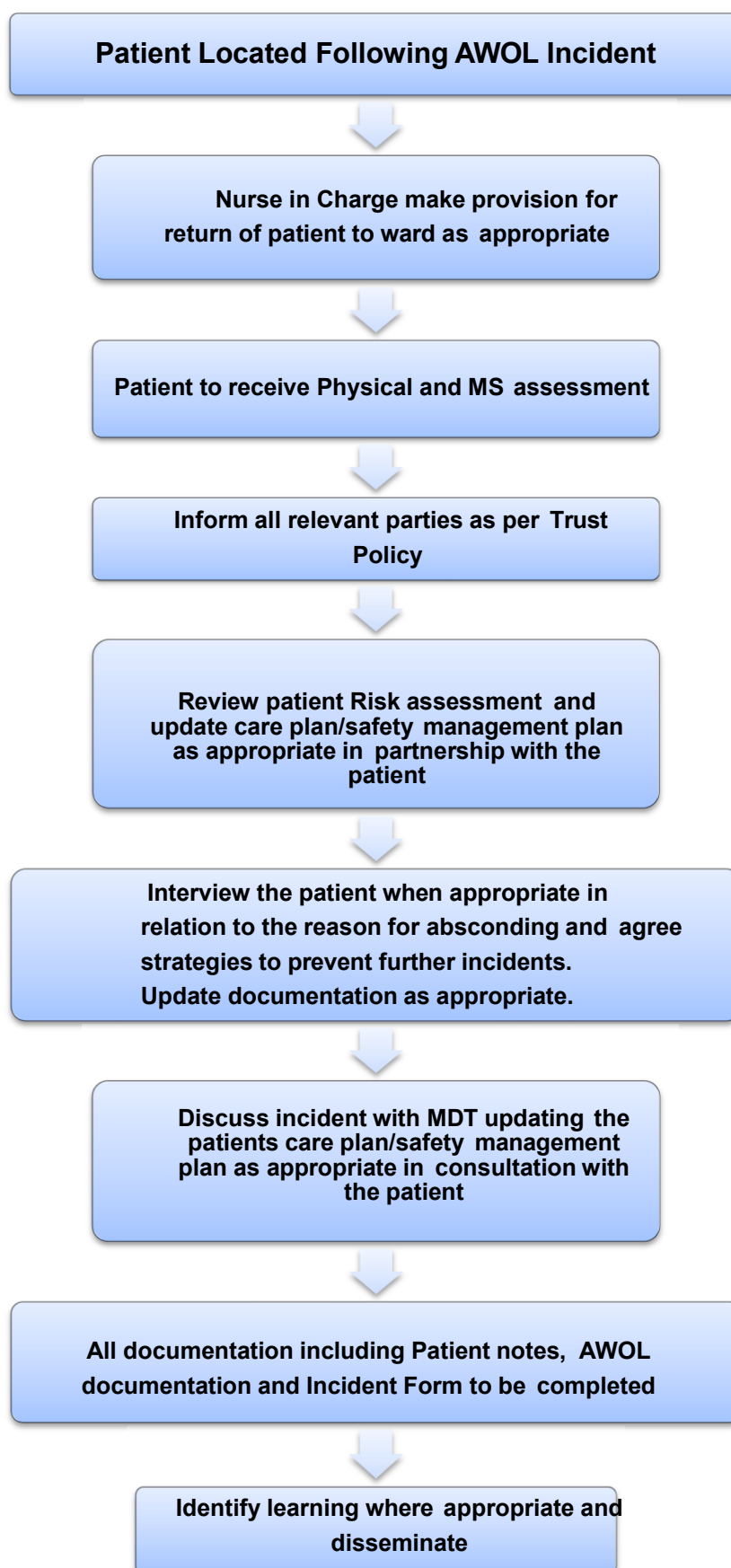
	Contacted when patient goes missing		Contacted when patient is returned to ward	
	Name	Time and by whom	Name	Time and by whom
Duty Nurse Manager/Senior Nurse Co-ordinator				
Medical Staff/Duty Doctor				
Next of Kin				
Emergency Duty Team				
Home Treatment Team				
Community Mental Health Team				
PSNI Station				
Emergency Departments				
PBNI				
PPU for Part III Patients				
Department of Justice for Part III Patients				
GP				

Nurse in Charge: _____

Signature: _____

Date: _____

AWOL: Procedure Flow Charts



Reference No: SG 43/16

Title:	Dealing with person who go missing from Emergency Departments		
Trust Lead	Emma Greenwood, Consultant, Emergency Department Geraldine Byers, Nurse consultant, Emergency Department (Developed by Regional ED Clinical Engagement Group)		
Ownership:	Bernie Owens, Director Unscheduled and Acute Care		
Approval by:	Directorate Governance Group Standards and Guidelines Policy Committee Executive team Meeting	Approval date:	17/08/2016 05/10/2016 19/10/2016
Operational Date:	November 2016	Next Review:	November 2021
Version No.	V1	Supersedes	
Key words:	Missing, person, Emergency Department		
Links to other policies			

Date	Version	Author	Comments
May 2016	0.1	Regional ED Clinical engagement group	Draft circulated

EQUALITY STATEMENT

In line with duties under the equality legislation (Section 75 of the Northern Ireland Act 1998), Targeting Social Need Initiative, Disability discrimination and the Human Rights Act 1998, an initial screening exercise to ascertain if this policy should be subject to a full impact assessment has been carried out.

The outcome of the Equality screening for this policy is:

Major impact ☐

Minor impact ☐

No impact. ☐

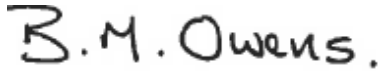
SIGNATORIES

(Policy – Guidance should be signed off by the author of the policy and the identified responsible director).



Author

Date: 19/10/2016 _____



Director

Date: 19/10/2016 _____

Regional Interagency Guidance on Dealing with Persons who go missing from Emergency Departments



Personal, Professional,
Protective Policing



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1.1 Introduction

1.2 The majority of persons presenting to Emergency Departments do so voluntarily to seek medical help, it is therefore implied that they are giving consent to care and treatment. However, good practice would guide clinicians to obtain verbal consent from patients for examination, and for care and treatment requiring an invasive procedure written consent. For a variety of reasons individuals can withdraw their consent and leave the Emergency Department without receiving assessment or completion of treatment. Whilst it would be desirable for individuals to discuss with clinical staff their decision to leave in the first instance, they are not obliged to do so.

1.3 Many of these individuals will have full mental capacity and are therefore entitled to leave at any time. Difficulties arise however when persons who may present a risk to themselves or others leave without receiving assessment or treatment and without informing clinical staff.

1.4 It is important to ensure those persons deemed to be at risk, either with or without full mental capacity, are monitored closely whilst in the Emergency Department to reduce the potential of the individual leaving before completion of assessment and/or treatment.

1.5 The vast majority of persons who leave the Emergency Department without informing staff are subsequently located by Trust staff without the need to notify the PSNI. However in 2014 across Northern Ireland almost twenty per cent of all reports of missing persons to the PSNI were from Emergency Departments.

1.6 Before reporting a person as 'missing' to the PSNI staff must assure themselves that the person fits the definition of a "missing person" (see 3.1) and that all appropriate actions have been taken to try and locate that person.

2.1 Purpose

2.2 This guidance has been developed to standardise the partnership working between the PSNI and Trusts when individuals are believed to be “missing” from Emergency Departments. It is acknowledged that across Northern Ireland much work has already been undertaken to reduce the number of people who go missing from Emergency Departments and these guidelines have drawn from these examples of good practice. It is important that a consistent regional approach is in place in regard to the reporting of missing persons, and the steps taken in order to locate the person safely.

2.3 In addition to regional standardisation of the management of persons missing from an Emergency Department, these guidelines also seek to potentially reduce the number of persons reported inappropriately as missing by the provision of clear guidance to staff.

2.3.1 If the person being reported missing is under 18 years old and normally resides in a residential unit, the PSNI/HSCB joint regional guidance on police involvement in residential units must be adhered to.

2.3.2 For persons detained by the PSNI under the Mental Health Order, the Regional Guidance on Place of Safety Protocol MUST take precedence over this document.

3.1 Definitions

3.2 The Association of Chief Police Officers (ACPO) define a missing person as “Anyone whose whereabouts cannot be established and where the circumstances are out of character or the context suggests the person may be the subject of a crime or at risk of harm to themselves or another”.

3.3 In line with the above definition and PSNI response to

missing persons, a person should be considered as potentially missing from an Emergency Department when he/she either:

3.3.1 Leaves the Emergency Department for any reason without the knowledge of staff and cannot be found and may be at risk of harm to themselves or another.

3.3.2 Evades his/her escort (whilst being accompanied by staff) and cannot be found and may be at risk of harm to themselves or another.

4.1 Action to be taken by Emergency Department (ED) Staff/PSNI on persons under Police escort and seeking treatment at an Emergency Department

4.2 In order to assist clinical staff, it is imperative the PSNI Investigating Officer (IO) remains with the individual until such time as initial details are recorded.

4.3 The PSNI IO must also ensure that any relevant details they know of that may assist the clinical staff with assessing the level of risk for the person presenting are passed on to the clinical team.

4.4 If the person is under arrest by virtue of the Mental Health Order, the police role is as per the Regional Guidance on a place of safety. (Issued to Trusts in October 2015)

4.5 If the person is under arrest by virtue of other legislation, standard PSNI procedures apply.

5.1 Action to be taken by clinical staff if persons seeking treatment represent a potential risk of harm to self or others and of leaving the Emergency Department before completion of assessment / treatment

5.2 Trusts will implement a risk assessment process in order to identify those people who are at risk of leaving the Emergency Department before the completion of their assessment and/or treatment. Certain individuals may represent an increased likelihood of leaving before completion of assessment and/or treatment

For example:

- persons with previous history of leaving without being seen
- those with confusion/disorientation
- persons under the influence of drugs and/or alcohol
- those with cognitive impairment who are not capable of maintaining their own safety
- those with psychological disturbance
- those with a mental health issue e.g. overdose, self – harm or suicidal ideation particularly where there are potentially long waits involved for assessment

5.3 Best practice suggests these individuals should have a risk assessment carried out and recorded in their medical record. This will enable staff to respond quickly and appropriately in the event that the person does go missing. It is recognised there are various tools for risk assessment, an example of a rapid risk assessment tool which Trusts may consider using is attached at Appendix A.

5.4 If the person is deemed at risk and is accompanied by a responsible adult, the adult should be asked to remain with the individual at all times and alert staff should this circumstance change.

5.5 Best practice suggests that every opportunity should be taken to ensure that any person deemed to be a risk alerts staff to the fact they are choosing to leave the Emergency Department before completion of assessment and/or treatment, for example by completing and returning a card to any member of staff should they decide to leave. Attached (Appendix B) is an example of a card that staff may wish to ask the person to complete.

5.6 Unaccompanied individuals deemed at risk should be placed in an area where they can be observed easily. The use of security staff to assist should be considered where appropriate (where patients are suspected to have consumed alcohol or drugs, or a potential risk to themselves or others).

5.7 Specific actions implemented for an individual deemed at risk should be recorded and communicated to all relevant staff.

6.1 Action to be taken by ED staff on finding a person missing from an Emergency Department deemed to be at risk of harm to self or others

6.2 Complete standardised checklist (Appendix C), confirm that the person's whereabouts are unknown, and that the Emergency Department staff deem they are at risk of harm to themselves or others. NB The information on this checklist will be requested by the PSNI call handler should the person subsequently be reported as a 'missing person'.

6.3 If on completion of the checklist and actions to be taken the person has not been located, clinical staff should then report the person as "missing" to the PSNI by contacting the normal 101 number, or 999 if considered an emergency. Staff must also complete an Incident Form in accordance with Trust policy.

7.1 Action to be taken by ED staff when a missing person is located and returned to the Emergency Department

7.2 If the individual is located and returns to the Emergency Department, a member of the clinical team must re-assess the person in relation to their clinical condition, potential for leaving again before completion of treatment and make a note in the person's record with the outcome of the assessment.

7.3 The Nurse in Charge must contact all relevant personnel both within the Emergency Department and the hospital including security staff to inform them that the person has been located.

7.4 If concern exists that the individual remains at risk of leaving again then actions previously described in section 5.0 should be repeated.

8.1 Action to be taken by ED staff when a missing person is located and refuses to return to the Emergency Department

8.2 Following consultation and agreement between Consultant/Nurse in Charge:

8.2.1 If there are no concerns regarding the person's mental capacity for making an informed decision, the person should be discharged in accordance with Emergency Department discharge procedures.

8.2.2 If there are concerns regarding the person's mental capacity for making an informed decision then urgent referral should be made to the person's own General Practitioner or the GP out of Hours by the Emergency Department staff.

8.3 It should be noted that if a person has full mental capacity and is suffering from a physical injury/illness, attempts should be made to persuade the person to return to the Emergency Department. However there are no legislative powers to enforce his/her return.

8.3.1 It should be noted at this point the person is no longer "missing" as their whereabouts are known, and the PSNI do not need to be contacted.

9.0 PSNI Response – Attendance at the Emergency Department

The PSNI may attend the Emergency Department where a copy of Appendix C should be made available to the PSNI officer. The person who has made the report to the PSNI should be available to assist the officers attending with any additional queries they may have. Hospital security staff must also be available to advise the PSNI officers of the areas already covered in their search for the reported missing person. Where any member of staff involved initially in the missing person report is going off duty a formal handover must be given to an alternative appropriate member of staff who can then liaise with the PSNI. The availability of the completed checklist (Appendix C) is of particular importance in this regard.

10.1 Adherence to Guidelines and joint working arrangements

To ensure an effective joint agency response to persons reported missing from an Emergency Department, the following should be adhered to:

10.2 A PSNI nominated Chief Inspector and a Senior Manager from the HSCB will act as a Single Point of Contact (SPOC) for matters relating to this guidance at a regional level. These persons will form a Strategic Partnership Group meeting at least 6 monthly (or sooner as required) to identify and resolve any barriers to effective joint working. The group will provide a mechanism for:

- Liaison, joint planning and identification of good practice
- Taking forward any future amendments to this guidance
- Resolving escalated or outstanding issues raised by the HSCT/HSCB/PSNI Operational Partnership Group

10.3 A representative from each Trust, the HSCB and PSNI, will form an Operational Partnership Group, meeting at least quarterly to:

- identify and resolve any operational issues regarding this guidance
- review all reports to the PSNI of missing persons from an Emergency Department
- agree and escalate unresolved issues to the Strategic Partnership Group

10.4 Each policing district within which an Emergency Department/s is situated will have a nominated police officer (not below rank of Inspector) who will be the “local” SPOC for that Emergency Department/s and will be a member of the Operational Partnership Group.

10.5 A nominated Emergency Department Lead within each Trust will act as a SPOC and will be the liaison point for each policing district SPOC and will be a member of the Operational Partnership Group.

11.0 Review

Implementation of the Regional Guidelines will be supported by awareness sessions delivered jointly by the PSNI and HSCB to ensure understanding and compliance for Police Officers and Emergency Department staff. The Guidelines will require annual review by the PSNI and HSCB.

May 2016

APPENDIX A**REGIONAL EMERGENCY DEPARTMENT RISK ASSESSMENT FORM**

Persons Name Hospital Number

Address

DOB.....Telephone Contact Number.....

	Yes	No
Does the person's history or current behaviour suggest a risk of leaving the Department without clinical agreement?		
Is the person suspected to have consumed alcohol to a level that would pose a risk to them if they were to leave the Department without clinical agreement?		
Is the person suspected to have consumed drugs to a level that would pose a risk to them if they were to leave the Department without clinical agreement?		
Is the person vulnerable in terms of a potential risk to themselves should they leave the department without clinical agreement?		
Is the person vulnerable in terms of a potential risk to others should the leave the Department without clinical agreement?		

A person should be deemed at risk of going missing if any of the questions in this risk assessment form are answered "yes".

Signature of Assessing NurseDate.....

APPENDIX B**SAMPLE CARD**

The Trust is committed to the effective management of your care within the Emergency Department. However should you decide to leave the Department for any reason before your treatment is completed, please fill in the following details and leave this card with any member of staff.

Persons Name	
DOB	
Details of how and where we can contact you e.g. Address, telephone number	
Reason for leaving the Emergency Department before completion of your assessment/treatment	
Do you consider that you may require further treatment?	Yes / No
If you answered 'Yes' to above please comment.	

APPENDIX C**CHECKLIST TO BE COMPLETED IN THE EVENT OF A PERSON GOING MISSING FROM THE EMERGENCY DEPARTMENT AND WHO IS DEEMED TO BE AT RISK TO THEMSELVES OR OTHERS****PART A – Persons Details and Description**

Persons Name.....Hospital Number.....

Address.....Contact/telephone.....

Date of Admission

Date Person Noticed Missing

Circumstances.....

Risks/concerns.....

Person's Description

Age		Build	
Clothing		Distinguishing Marks	
Height (approx.)		Facial features	
Gender		Hair	
Physical Disability		Mental Health/Learning Difficulty	

PART B – Action to be taken on identification of a missing person from the Emergency Department

Action	Date and time action taken	Comments
Record time elapsed since person was last seen		
Has Emergency Department been searched by staff?		
Has person been phoned by staff to ascertain whereabouts?		
Has Security staff/porters been contacted to search grounds and hospital buildings?		
Has CCTV (if available) been checked?		
Has Next of kin / carer been contacted?		

Signature of Person completing:Date:

.....

If a decision is made to report a person as missing ALL of the above MUST be completed, or details recorded why any step was not completed prior to contacting the PSNI.

NB: If a person has been located by staff via telephone contact or otherwise and refused to return to the Emergency Department this is not by definition a 'missing person' – see ACPO definition below

Missing –The Association of Chief Police Officers (ACPO) definition of missing is; “*Anyone whose whereabouts cannot be established and where the circumstances are out of character or the context suggests the person may be subject of crime or at risk of harm to themselves or another*”

Title:	Protocol for the Management of Substance Misuse in Adult Mental Health and Learning Disability Inpatient Wards		
Author(s)	Agnes Dee, Senior Clinical Nurse Manager Orla McCambridge, ST4, Home Treatment Team Patricia Minnis, Quality Co-ordinator		
Ownership:	Cecil Worthington, Director, Adult Social and Primary Care		
Approval by:	Standards and Guidelines Policy Committee Executive team Meeting	Approval date:	14/12/2016 01/02/2017 08/02/2017
Operational Date:	February 2017	Next Review:	February 2022
Version No.	V1	Supersedes	
Key words:	Alcohol, substance, contract, misuse		
Links to other policies	Belfast Health and Social Care Trust Admission/Discharge Policy Promoting Quality Care – Guidance on the Assessment and Management, DHSSPS, May 2012 Regional Guidelines on the Use of Observations and Therapeutic Engagement in Adult Psychiatric Inpatient Facilities in Northern Ireland Belfast Health and Social Care Trust Observations within Mental Health Services Belfast Health and Social Care Trust Levels of Supervision/ Observations within Learning Disability Facilities Regional Guidance for the Personal Search of Patients (Therapeutic Searches) Belfast Health and Social Care Trust Patient Searches in Mental Health and Learning Disability Belfast Health and Social Care Trust Adult Mental Health and Learning Disability Absent Without Leave Policy Belfast Health and Social Care Trust Medicines Code Belfast Health and Social Care Trust Controlled Drugs Policy for Inpatient Areas Belfast Health and Social Care Trust Patient Absent without Permission Belfast Health and Social Care Trust Use of Restrictive Practices in Adults Use of Physical Interventions by staff from Mental Health and Learning Disability Services		

Date	Version	Author	Comments
01/10/13	0.1	A. Dee	Initial Draft – sent out for comment
08/10/13	0.2		Comments received
16/12/13	0.3		Comments received from MAH – procedure updated
03/06/14	0.4		Comments from Consultation received. Protocol updated
12/06/14	0.4		Approved at Mental Health Governance Committee
24/06/14	0.4		Approved at Learning Disability Hospital Management Team meeting
06/09/2016	0.5		Comments received from Pharmacy and amended
27/09/2016	0.6		Comments from Pharmacy and amended.

1.0 INTRODUCTION / PURPOSE OF POLICY

1.1 Background

Belfast Trust Mental Health and Learning Disability Services seeks to promote and maintain a caring and safe environment for anyone admitted to any of the Trust's mental health or learning disability inpatient facilities, their carers, visitors and staff. In doing so, the Trust has a responsibility to maintain an alcohol and illicit drug free environment for all. The Trust is obligated by the law to ensure that no possession or supply of illicit drugs takes place within its premises. This document aims to ensure that there are robust systems in place to prevent such activities from taking place within the Belfast Health and Social Care Trust Mental Health or Learning Disability adult inpatient facilities.

1.2 Purpose

This protocol has been developed to ensure a standardised approach across all of Belfast Trust's mental health and learning disability inpatient facilities in the management of substance misuse including illicit drugs, non-prescribed medication and alcohol.

This protocol provides staff with guidance to prevent the use of illicit drugs, non-prescribed medication and alcohol in inpatient wards. This will include the offering of appropriate interventions to all patients who report substance misuse, are believed to be misusing substances or are at risk of misusing substances.

1.3 Objectives

This protocol aims to: -

- Prevent alcohol and illicit drugs from being brought into any Belfast Health and Social Care Trust Mental Health or Learning Disability inpatient facility;
- To ensure that staff respond to substance misuse with due regards to the requirements of the law;
- To reduce the risks of self harm or harm to others associated with substance misuse;
- Ensure that inpatient staff have the knowledge, skills and support to work with inpatients who misuse substances, or are at risk of such misuse and to offer prompt and appropriate care to address identified needs;
- Ensure that staff respond to substance misuse issues in a safe, effective and sensitive way with due regard to patients' wellbeing;
- Offer appropriate brief interventions and referral to specialist services to users who report substance misuse or who are believed to be misusing substances or are at risk of misusing substances (e.g. recently detoxified from drugs or alcohol).

2.0 **SCOPE OF THE POLICY**

This policy applies to all inpatients, staff and visitors to any Adult Mental Health or Learning Disability facility.

3.0 **ROLES/RESPONSIBILITIES**

All staff working within the mental health or learning disability inpatient facility have a responsible role to play in achieving the above policy objectives.

4.0 **KEY POLICY PRINCIPLES**

The misuse of drugs and alcohol by patients in an inpatient setting presents an enormous challenge to staff as this can seriously affect the ability of services to assess, treat and care for patients safely and effectively. Whilst the Trust provides care for individuals with substance misuse problems, it will not tolerate the use, possession and supply of substances on their premises. It is also against Trust policy for inpatients to use legal substances such as alcohol or non-prescribed medication on inpatient wards as using them will not only potentially render the patient less responsive to the care and treatment the Trust offers to them but also have adverse effects if taken with prescribed psychotropic drugs.

The Misuse of Drugs Act 1971 categorises drugs as class A, B and C (this list is ever changing). Offences under the Act include:

- possession of an illicit substance unlawfully
- possession of an illicit substance with intent to supply it, supplying or offering to supply an illicit drug (even where no charge is made for the drug)
- Allowing premises you occupy or manage to be used unlawfully for the purpose of producing or supplying illicit drugs.

The Psychoactive Substances Act became law in April 2016. This legislation is intended to control the supply and use of substances that were previously known as “legal highs” The Act defines a Psychoactive Substance as

“a substance produces a psychoactive effect in a person if, by stimulating or depressing the person’s central nervous system, it affects the person’s mental functioning or emotional state.”

The Act contains a number of exemptions including

- Controlled Drugs within the MDA 1971
- Medicinal products whether or not they have been prescribed
- Alcohol, or alcoholic products
- Nicotine or tobacco products
- Caffeine or caffeine products
- Food’, i.e. products ordinarily consumed as food or drink.

Simple possession of a Psychoactive Substance is not an offence but possession within a Custodial Institution or possession with intent to supply are offences.

The Trust's position with regards to psychoactive substances is the same as their position on dealing with drugs under the Misuse of Drugs Act 1971 and these are all classed as illicit drugs/substances

Although alcohol is exempted from the Psychoactive Substances Act, the use of alcohol is prohibited on hospital premises.

Inpatient wards should ensure that they have a poster (refer to **Appendix 1**) at the entrance to the ward informing Patients and visitors that the possession and use of illicit drugs on hospital premises is illegal and that alcohol is prohibited and all previously prescribed medication or over the counter formulations should be handed over to ward staff. This message should be included in the inpatient booklet/welcome pack and repeated in ward community meetings.

4.1 On Admission to Inpatient Setting

On admission to inpatient wards **all** patients should be advised of the Trust's position with regards to the possession and use of substances other than prescribed medication. Staff should also consider routinely informing carers/significant others.

Staff should use this opportunity to engage the patient in open dialogue and encourage them to disclose any substance misuse issues they may have. Any issue around substance misuse identified during assessment should inform the care plan. Staff should also encourage patients to self-refer to community substance misuse services or agree to a referral to dual diagnosis workers by a member of trained staff.

Patients who are known to have misused substances in the past should be provided with health promotion information about the effects of substance misuse on health and should be informed about the help they can receive from their ward team and, if appropriate, specialist dual diagnosis or substance misuse services.

4.2 Suspicion of Substance Misuse

When suspicion arises that a patient may be misusing illicit substances and/or alcohol, staff will accumulate evidence and plan a multi-disciplinary approach.

It is the responsibility of the nurse in charge to allocate a member of nursing staff to monitor the patient.

The member of nursing staff should check the patient's vital signs (heart rate, blood pressure, temperature, respiratory rate and oxygen saturation level) and compare to the baseline. Consideration should also be given to the use of the Glasgow Coma Scale and record on the NEWS chart if necessary. Nursing staff should contact the ward/duty doctor of the incident and request

attendance to the ward. In the event of any serious physical health concerns staff should send the patient to the Emergency Department, summon a crash team or dial 999 as per local procedure.

The duty doctor will further assess the patient's mental and physical state, including levels of toxicity, signs of withdrawal and potential for acute disturbance and review current treatment. A drug test may usefully inform the assessment/treatment of any patient who has a sudden and unexpected change in presentation regardless of whether they are a known drug user or not.

The Duty Doctor will agree a joint management plan with nursing staff to include:

- Management of any aggression or violence
- Review of medication
- Review of Observation levels
- Monitoring of the physical condition of the patient (Early Warning Signs monitoring)
- Alternative management if appropriate
- Transfer to the Emergency Department if there are concerns regarding physical state
- Discharge – in these circumstances this should be a consultant decision, either by the responsible Consultant or the duty consultant if out of hours.
- Transfer to the Psychiatric Intensive Care Unit or in the case of learning disability, an appropriate acute ward.
- A strategy meeting will be convened within 3 working days and all services involved in the service user's care will be invited.

4.3 Substance Misuse Contracts

If a patient repeatedly possesses or supplies substances despite this being part of his/her care plan, it might be necessary to draw up a contract with him/her specific for substance misuse linked to the care plan and risk assessment. Whilst these contracts are not legally binding on the patient, this is another attempt to get some commitment into adhering to the ward operational procedures and/or to engage in therapeutic interventions in relation to their substance use.

As part of the contract, it will be important to agree with the patient on less restrictive interventions first e.g. agreeing that they will be searched each time they come back from leave and they will have a urine drug screen done at random (Refer to **Appendix 2**).

4.4 Searches

As stated in the Regional Search Policy a search may be carried out where staff have reasonable grounds to believe that a patient has illegal substances and/or alcohol in their possession.

Police can be asked to come to the unit to remove drugs if a confrontation is expected or if patients are unwilling to comply with Trust policies regarding the

confiscation of illicit substances. This decision should be made by the multidisciplinary team.

Where a patient is found in possession of suspected illicit drugs in an inpatient area, they will be asked to surrender the substances to staff – (Refer to **Appendix 3**). Staff should observe universal precautions when handling illicit substances i.e. use gloves and wash your hands after handling drugs.

Staff should then complete an incident form according to the BHSCT Procedure for Reporting and Investigation Adverse Incidents. If the incident is reported to the police, staff should quote the police reference number on the action taken section of the incident form.

4.5 Confiscation and disposal of illicit Substances

Please refer to section 6.8, and appendix 4 and 5 of the Belfast Trust Medicines Code.

4.6 Confiscation and disposal of Alcohol & Non-prescribed Legal drugs

Other substances, which the patient held lawfully, such as alcohol, medicines previously prescribed and medication bought over the counter cannot be destroyed without the patient's consent. The patient has a right for such items to be returned to them at the time of their discharge.

Once consent has been obtained from the patient, they should be given the option to have the alcohol or non prescribed medication removed by a relative or carer of an appropriate age.

If there is no agreement reached with the patient and staff believe that there is a risk to them or others in returning the property, they should consult with the patient's Responsible Medical Officer or the manager to gain agreement to remove the property from the patient.

If staff are not clear about confiscation or disposal of substances, they should seek advice from the Trust Pharmacy Department.

4.7 Informing the Police

Under the Misuse of Drugs Act 1971 and in particular section 8 those in charge of premises have a responsibility to inform the police if they believe that anyone is committing an offence on their premises.

All incidents involving possession or supply of illicit substances on BHSCT premises will be discussed by the multidisciplinary team and consideration given to reporting to the police. The patient or visitors should be fully informed of the decision to report to the police. Staff should co-operate with all police investigations and be available to attend court to give evidence if asked to.

4.8 Visitors to the Inpatient Facility

Staff should find a balance between providing safe care and facilitating appropriate visitor contact.

If there is considerable suspicion/evidence that a visitor is in possession of drugs or supplying drugs to inpatients, they will be asked to leave immediately and reported to the police. If they do not leave, staff should consider asking the PSNI for assistance, in order for the visitor to be safely removed from Trust premises.

If a visitor has been asked to leave the premises for possession or supply of illicit substances, the Nurse in charge in consultation with the multidisciplinary team may prohibit the visitor from visiting, and write to them informing them of such a decision. This decision must be reviewed regularly and consideration given to supervised visits.

4.9 Planned discharge from the ward

It is possible that some patients might still carry on using substances regardless of having taken part in/been given /offered.

- Information on posters
- Patient information booklet/welcome pack.
- Health promotional information about the effects of drugs on health.
- Appropriate help to deal with his/her drug and alcohol problems.
- Searches and drug screening.
- Care plans around substance misuse.
- Contracts and
- Police have been informed.

If there is considerable suspicion that a **Voluntary patient** continues to use drugs, and it is felt by the multidisciplinary team that their main problem is with substance misuse and that the mental illness can be managed better if the patient stops using substances then a **planned** early discharge may be an option. Normal discharge procedures apply.

It is crucial that as part of this process the multidisciplinary team considers the risk implications of the substance misuse in terms of increasing risk behaviours such as self-harm, suicide and violence prior to a decision to discharge. This should be clearly documented.

The discharge meeting within mental health services should have a follow up plan including 7 day follow-up appointment with mental health services (learning disability staff should refer to their own discharge plan/protocol). This might mean referring the patient to a drug and alcohol team if they are willing to engage with this service. Substance misuse services need to be fully informed of any mental health/risk issues and will then also be able to alert services if the person fails to engage on discharge.

Treatment plans and discharge arrangements for patients with substance

use problems need to take account of the external environment, to which they are returning and include the risk of relapse. Relatives and carers should (with the consent of the patient), be involved in these arrangements.

For **all detained patients and some Voluntary patients** who cannot be safely discharged to the community, a multidisciplinary review of their treatment and care will take place at the earliest opportunity as their needs may be more appropriately met elsewhere. This review may lead to their leave from the ward being temporarily withdrawn (if detained), and/or a limit on their visitors if appropriate and/or referral to a Psychiatric Intensive Care Unit or appropriate acute learning disability ward, for increased and more appropriate supervision.

5.0 IMPLEMENTATION OF POLICY

5.1 Dissemination

This policy will be disseminated to all staff within Mental Health and Learning Disability Services.

5.2 Resources

No additional resources are required.

5.3 Exceptions

The scope of this policy applies to adult Mental Health and Learning Disability inpatient wards within Adult Social and Primary Care Directorate.

6.0 MONITORING

Adhoc audits will take place to ensure adherence to the implementation of this protocol

7.0 EVIDENCE BASE / REFERENCES

D.O.H (2006) **Dual diagnosis in mental health inpatient and day hospital settings:** *Guidance on the assessment and management of patients in mental health inpatient and day hospital settings who have mental ill-health and substance use problems*

Wallace C, Mullen P., Burges P (2000) **Nursing Times**, Nov 30, 2000; Vol 96, No. 48. "Wintercomfort Case"

Williams, R. (2000) Substance use and misuse in psychiatric wards. *The Psychiatrist* (2000) 24: 43-46. doi: 10.1192/pb.24.2.43. Professor of Mental Health Strategy The Royal College of Psychiatrists.

Misuse of Drugs (NI) Regulations, DHSS, 2002

<http://drugs.homeoffice.gov.uk/drugs-laws/misuse-of-drugs-act/>

8.0 CONSULTATION PROCESS

This Policy has been developed following consultation with Mental Health and Learning Disability Services

9.0 APPENDICES / ATTACHMENTS

- Appendix 1 Say No to Drugs Poster
- Appendix 2 Patient Contract
- Appendix 3 Process on discovering patient in possession of illicit drugs flowchart

10.0 EQUALITY STATEMENT

In line with duties under the equality legislation (Section 75 of the Northern Ireland Act 1998), Targeting Social Need Initiative, Disability discrimination and the Human Rights Act 1998, an initial screening exercise to ascertain if this policy should be subject to a full impact assessment has been carried out. The outcome of the Equality screening for this policy is:

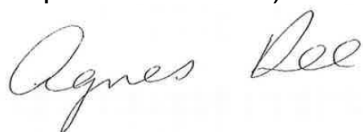
Major impact ☐

Minor impact ☐

No impact. ☐

SIGNATORIES

(Policy – Guidance should be signed off by the author of the policy and the identified responsible director).



Author

Date: February 2017



Director

Date: February 2017



Belfast Health and
Social Care Trust

Say “No” to Substance Misuse on the Ward!

Possession or supply of Illicit (Illegal) Substances

Any person found in possession, using or supplying illicit substances on the ward will be reported to the police and the substance will be confiscated and destroyed. Visitors found in possession or supplying illicit substances whilst on Trust premises will be reported to the police and their visiting rights will be reviewed. Prosecution will also be considered.

Alcohol and Medication Not Prescribed On the Ward

It is against BHSCT policy to use these substances and they will be confiscated. With your consent the substances will either, be destroyed, kept in a locked cupboard by staff to be given to you on discharge or to your Carer/family or friend of an appropriate age to take off the premises.

If you have drug or alcohol problems ask ward staff to assess you and advise you on the treatment options available. You will not be reported to the police for asking for help.

**Thank you for helping us to maintain a safe environment for our Patients,
Visitors and Staff.**

Patient Substance Misuse Contract

BHSCT aims to maintain an alcohol and illicit drug free environment for patients, carers, visitors and staff. While we provide care for individuals with substance misuse problems we do not tolerate the use, possession and supply of substances on Trust premises. The misuse of drugs and alcohol by patients in an adult inpatient mental healthcare or learning disability setting can seriously affect the ability of our staff to assess, treat and care for patients safely and effectively.

Please be aware that prescribed drugs or those bought over the counter can also be harmful if used against medical advice. Trust staff may consider any substance, even unidentified, as presenting a possible cause of harm and treat it as a harmful substance.

We ask you to agree to:

- o Abstain from drinking alcohol while an inpatient.
- o Abstain from taking any drugs other than those prescribed by your ward doctor.
- o Random urine drug samples taken to screen for substance misuse (**we will ask for your consent each time you are asked to give a sample**).
- o Personal searches of yourself and your property by nursing staff in accordance with the Trust Policy for conducting Personal Searches (**we will ask for your consent each time before you are searched**).

By agreeing to sign this contract the understanding is that if you break the terms of the contract then agreed measures to help reduce your substance misuse will be instigated and there will be an immediate review of your care plan with your full involvement.

If you break the terms of this contract then any of the following measures may be instigated and there will be

- an urgent review of your care plan.
- Increased observation levels
- Regular drug screening
- Restrictions on leave
- Searching property
- Limiting or supervising visits
- Referral to other services e.g. drug and alcohol services, other community services or PICU/appropriate ward.

I agree to abide by this contract:

Signed by patient:

Date:

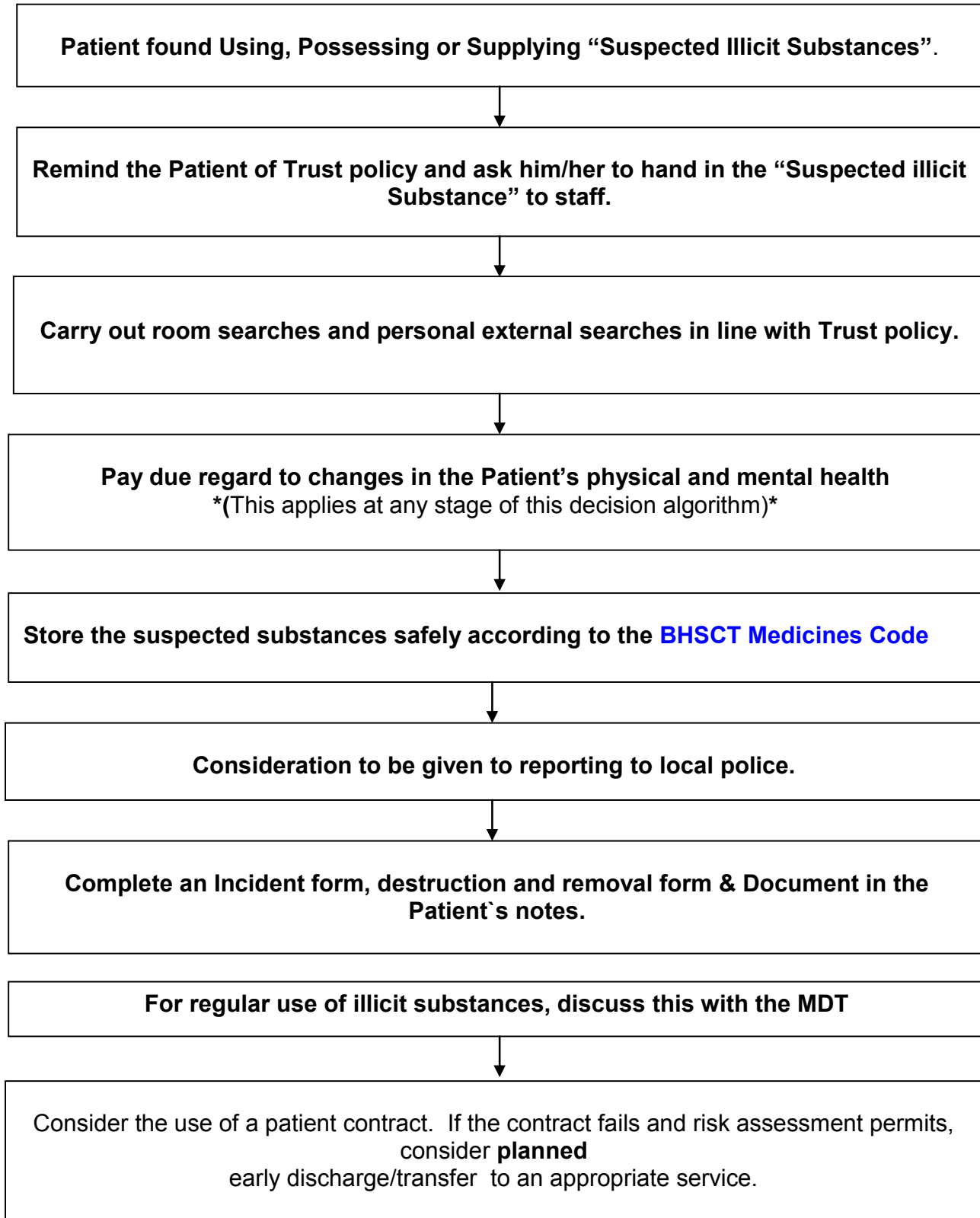
Witnessed by (any member of MDT):

Date:

Signed by the Responsible Clinician:

Date:

**What to do if you discover a patient in Possession or Supplying
“Suspected Illicit Substances”**



Title:	Implementation of CCTV within Muckamore Abbey Hospital to Assist with Investigations related to Adult Safeguarding Issues		
Author(s)	Brendan Ingram, Business and Service Improvement Manager Barry Mills, Clinical and Therapeutic Services Manager Rhona Brennan, Senior Nurse Lead		
Ownership:	Cecil Worthington, Director, Adult Social and Primary Care		
Approval by:	Clinical and Social Care Governance Standards and Guidelines Policy Committee Executive team Meeting	Approval date:	11/08/2016 01/03/2017 07/06/2017 28/06/2017
Operational Date:	June 2017	Next Review:	June 2022
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Links to other policies	Data Protection Safeguarding Records Management Policy Access to Records Retention and Disposal Adverse Incident Policy Disciplinary Policy Whistle Blowing Policy Complaints Policy Grievance Procedure Zero Tolerance Policy		

Date	Version	Author	Comments
24/09/15	0.1	B. Ingram B. Mills R. Brennan	Initial Draft
03/05/16	0.2	B. Ingram B. Mills R. Brennan	Amended after first round of consultations
11/08/16	0.3	B. Ingram B. Mills R. Brennan	Amended after second round of consultations

1.0 POLICY STATEMENT

This policy defines a structure to meet the legal requirements to operate CCTV within Muckamore Abbey Hospital Wards and compliance with the Data Protection Act, and Information Commissioners Office - Code of Practice for CCTV. This Policy has been developed in line with human rights considerations. Where possible the least restrictive measures have been included which aim to take account of both the human rights of service users, carers and staff. The introduction of CCTV within Muckamore Abbey Hospital has been limited to where there is an identified high level of need and where it is justified and proportionate to ensure patient, staff and visitor safety.

Of particular importance is Article 8 of the Human Rights Act 1998. Article 8 is the right to respect for private and family life, home and correspondence. This article protects the individual's right to privacy and prevents a public authority from intruding disproportionately into a person's life.

Also of equal consideration is Article 3 which is the right to be free from degrading and inhumane treatment. In terms of patients, the CCTV will be located within communal and public areas within the wards such as main access corridors and lounge/day areas. The use of CCTV will be signposted in all areas to ensure its use is open, transparent and is not covert. This policy attempts to support both Article 3 and Article 8 in being the least restrictive options in relation to the use of CCTV in ward areas.

Implementation of and adherence to this policy will ensure that the Trust complies with current legislation and that staff are aware of:

- Who has the responsibility for managing CCTV schemes?
- How decisions are made regarding the need for a CCTV scheme.
- How CCTV schemes are monitored to ensure they adhere to national guidance.
- What standards need to be achieved to ensure schemes are valid

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2.0 INTRODUCTION

Background

Muckamore Abbey Hospital provides an assessment and treatment service for adults with a Learning Disability on a regional basis which includes a regional low secure learning disability forensic service. Due to complex needs, challenging behaviours and associated mental health issues there is a high proportion of adult safeguarding referrals.

During the investigation process regarding adult safeguarding allegations it has proven difficult to establish clear and concise witness reports taken from the client group many of whom have communication difficulties and lack capacity. In many cases staff witness reports have helped but the process has been slow and inconclusive.

All incidents which meet the appropriate criteria are referred to the P.S.N.I. The implementation of CCTV within the hospital wards which covers communal patient areas (excluding bathrooms and bedrooms) will enhance the investigation process and provide clearer evidence to the P.S.N.I. and the Hospital Adult Safeguarding Team thus allowing a much quicker and accurate response to any alleged incident. Its use will be open and transparent with notices displayed alerting all those in the vicinity.

Footage from the CCTV system will only be used after normal investigatory processes by the Adult Safeguarding team and appropriate staff have been completed.

The installation of CCTV within Muckamore Abbey Hospital has come with the support of the P.S.N.I. P.P.U. and the Hospital Adult Safeguarding Designated Officer.

The introduction of CCTV within Muckamore Abbey Hospital is to support the effective investigation of adult safeguarding referrals, thereby enhancing the protection of patients, staff and visitors.

3.0 Purpose

The purpose of this policy is to ensure:

- That the use of Closed Circuit Television (CCTV) adheres to the principles of the Data Protection Act 1998, Human Rights Act 1998, Regulation of Investigatory Powers Acts 2000 and other relevant legislation.
- That any CCTV system is not abused or misused.
- That CCTV is correctly and efficiently installed and operated.
- To assist with investigations related to Adult Safeguarding Issues

4.0 Safeguarding is Everybody's Business

This policy should be read in conjunction with the following statement:
All Belfast Health and Social Care Trust employees have a statutory duty to safeguard and promote the welfare of vulnerable adults.

This includes:

- Being alert to the possibility of vulnerable adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the vulnerable adult.
- Knowing how to deal with a disclosure or allegation of adult abuse.
- Undertaking Adult Safeguarding training as appropriate for their role and keeping themselves updated in relation to Safeguarding.
- Being aware of and adhering to the local policies and procedures they need to follow if they have an Adult Safeguarding concern.
- Ensuring appropriate advice and support is accessed either from managers, Adult Safeguarding Designated Officers or the Trust Adult Safeguarding Team.
- Participating in multi-agency working to safeguard the vulnerable adult (if appropriate to role).
- Ensure contemporaneous records are kept at all times and record keeping is in strict adherence to Belfast Health and Social Care Trust policy and procedures and professional guidelines. Roles, responsibilities and accountabilities, will differ depending on the post you hold within the organisation.

5.0 Objectives

This policy aims to ensure,

- That the use of Closed Circuit TV (CCTV) adheres to the principles of the Data Protection Act 1998, Human Rights Act 1998, Regulation of Investigatory Powers Acts 2000 (Gillian to advise) and other relevant legislation.
- That any CCTV system is not misused or abused.
- That CCTV is correctly and efficiently installed and operated.
- That any CCTV system enhance the feelings of safety provided to staff, patients and carers

This policy should be read in conjunction with:-

- Data Protection Act Policy
- Information Governance Policy
- Information Commissioners Office CCTV Code of Practice

- Adult Safeguarding
- Records Management Policy
- Access to Records Policy
- Retention and Disposal Schedule
- Adverse Incident Policy
- Disciplinary Policy
- Whistle Blowing Policy
- Complaints Policy Grievance Procedure
- Zero Tolerance Policy

Throughout this policy it is intended, as far as is reasonably possible to balance the objectives of the CCTV System with the need to safeguard patients, staff and visitors rights. Every effort has been made throughout the policy to indicate that a formal structure has been put in place including a complaints procedure, by which it can be identified that the system is not only accountable but is seen to be accountable.

6.0 Scope of the Policy

- The policy applies to all employees of Belfast Health and Social Care Trust and other persons who may, from time to time, and for whatever purpose, be present on any of its premises.
- This policy is applicable to all staff working for, or with, Belfast Health and Social Care Trust who record, handle, store or view patient information.
- The direct management of CCTV cameras on Muckamore Abbey Hospital site will be the responsibility of the local hospital security team and will be comprised of,
 - Adult Safeguarding Officer
 - Hospital Services Manager
 - Clinical Director
 - Business and Service Improvement Manager

The only other people who will have access to view or remove images from the CCTV system will be the PSNI where a decision has been reached that this is warranted in pursuit of an Adult Safeguarding Incident.

7.0 Roles/Responsibilities

- This CCTV System will be the responsibility of Belfast Health and Social Care Trust as overall owner.
- To ensure compliance with this Policy.
- To ensure that the operating procedures for this system are complied with at all times.
- To ensure that the purposes and objectives of this system are not exceeded.
- To notify all persons on the MAH site where CCTV is installed that a CCTV scheme is in operation.
- To facilitate formal subject access requests of any images captured under the terms of the Data Protection Act 1998.
- To provide copies of this Policy when required to do so.

- To ensure that this CCTV system has appropriate signage to inform people entering and leaving buildings that CCTV is in operation.
- To register the CCTV System with the ICO Office.
- To ensure that appropriate information is contained within the Welcome Pack for patients and their carers on the operation of the CCTV System within their ward.
- To ensure that all staff both existing and new are inducted on the implementation of the CCTV System within their working environment.
- To ensure CCTV screens cannot be seen by individuals who are not authorised to do so.

Personal Data Guardian

The Belfast Trust's Personal Data Guardian has a strategic role for the management of patient information. The Personal Data Guardian's key responsibilities are to oversee how staff use personal health information and ensure that service users' rights to confidentiality are respected.

Information Asset Owner

The role of the Information Asset Owner is to understand what information is held, what is added and what is removed, how information is moved, and who has access and why. As a result they are able to understand and address risks to the information, and ensure that information is fully used within the law for the public good, and provide written input to the SIRO annually on the security and use of their asset. This role is undertaken by Co-Directors within the Belfast Trust.

Data Protection Officer

The Belfast Trust's Data Protection Officer has legal obligations for compliance in respect of the handling of personal data in line with the Data Protection Act 1998.

Local Hospital Security Team

The local hospital security team will monitor the use of all CCTV, undertake regular audits and provide advice and guidance on their use alongside the following responsibilities,

- To ensure compliance with this Policy.
- To ensure that the operating procedures for this system are complied with at all times.
- To ensure that the purposes and objectives of this system are not exceeded.
- To notify all persons on the MAH site where CCTV is installed that a CCTV scheme is in operation.
- To facilitate formal subject access requests of any images captured under the terms of the Data Protection Act 1998.

- To provide copies of this Policy when required to do so.
- To ensure that this CCTV system has appropriate signage to inform people entering and leaving buildings that CCTV is in operation.
- To ensure CCTV screens cannot be seen by individuals who are not authorised to do so.

Maintenance Contractor

- Belfast Health and Social Care Trust have secured a contract with Radiocontact for the maintenance and upkeep of the CCTV system with Cranfield and Sixmile Wards for the period 1st December 2015 to 30th November 2020. Renewal of this contract at the end of the expiry date will be sought through a tendering process.

8.0 Key Policy Principles

OWNERSHIP & OPERATION OF CCTV SCHEMES

All CCTV schemes within Belfast Health and Social Care Trust are owned and operated by Belfast Health and Social Care Trust. The cameras, monitors and data collection and retention processes in Muckamore Abbey Hospital Wards are maintained operationally by the Local Hospital Security Team and further maintained by 3rd party provider organisation under separate maintenance contract to the Trust in accordance with this policy.

The following principles will govern the operation of CCTV in Muckamore Abbey Hospital,

- The system will be operated fairly and lawfully and only for the defined purposes set out in Section 3 (purpose).
- The CCTV system will be operated with due regard for the privacy of all individuals at all times.
- Any change to the purposes for which the system is operated will require the prior approval of the Chief Executive or a nominated officer specifically nominated by the Personal Data Guardian for the Trust.

9.0 Data Protection and Legislation

Belfast Health and Social Care Trust will include this scheme within the annual 'Notification' process required by the Data Protection Act 1998.

The scheme will operate in accordance with the guidelines set out in the 'CCTV Code of Practice' and additional guidance published by the Information Commissioner, a copy of which is available from the Data Protection Officer or direct from the Information Commissioner's website

www.informationcommissioner.gov.uk/eventual.aspx?id=437.

The Trust must adhere to the following guidelines, to conform to this Code of Practice:

- Managers operating such schemes within premises they manage will be responsible for overseeing that monitoring of all images are done so in accordance with this policy and that suitable operation, backup, retention, destruction and maintenance of all storage media is conducted in accordance with the written operational procedures (see Appendix 2).
- Cameras will not be hidden from view and appropriate steps must be taken, e.g. by signing and displaying posters, to inform the public of the presence of the system and its ownership at all times.
- Images from the cameras are appropriately recorded in accordance with existing operational procedures (see Appendix 2).
- There is no sound recording undertaken from any part of the system.

10.0 Subject Access

Only the Data Protection Officer or in their absence, the Local Hospital Security Team, in response to a formal request from the data subject, will permit subject access to the images monitored by the system either in hard copy format or by informal viewing.

Individuals or their authorised representative wishing to access images from the system or formal subject access requests specifically relating to CCTV must contact the Belfast Trust Data Protection Officer. The Data Protection Officer / Local Hospital Security Team will complete the ' CCTV Viewing Record Form (see Appendix 3) and file for a period of 3 years.

The Hospital Security Team will follow the procedures set out in (Appendix 5) in respect of accessing, storage, retention and disposal of any CCTV Footage.

11.0 Breaches of this Policy

Belfast Trust will investigate any breaches of this policy, using appropriate mechanisms that may include the Adverse Incident Policy or Disciplinary procedure.

A major purpose of this scheme is to safeguard the health and safety of staff, patients and visitors, it should be noted that intentional or reckless interference with any part of any monitoring equipment, including cameras/monitor/back-up media, may be a criminal offence.

12.0 Complaints Procedure

Grievances and complaints regarding the operation of any Belfast Health and Social Care Trust's CCTV system may be progressed through the Trust's Complaints Procedure or Grievance Procedures.

13.0 Implementation of Policy

13.1 Dissemination

List the groups of staff for whom this policy has relevance.

TILLI Group (Hospital Patient Council)
 Muckamore Abbey Hospital Staff – clinical and non-clinical
 Director of Adult Social and Primary Care
 Co-Director of Learning Disability Services
 Service Improvement and Governance Manager
 Hospital Services Manager
 Clinical Director of Hospital Learning Disability Services
 Trust Data Protection Office
 Belfast Trust Adult Safeguarding Team
 PSNI/PPU
 Hospital Advocacy Services
 Trade Unions

13.2 Training

- Guidance in the requirements of the law on Data Protection will be given to staff who are required to manage and work the CCTV systems
- Staff will be fully briefed and trained in respect of all functions, both operational and administrative relating to CCTV control operation.
- Training by camera installers will also be provided as appropriate.
- Mandatory Equality Rights Training provided by the BHSCT.

13.3 Exceptions

The scope should detail all areas where the policy is to apply - this is to note any area that has been noted as exempt because it is currently unable to comply with or implement the policy.

The following situations are exempt from this policy as the implementation of CCTV system within Muckamore Abbey Hospital is only to assist with Investigations related to Adult Safeguarding Issues.

- Patients on Clinical Observations
- Patient Behaviour Analysis
- Any form of therapeutic intervention for any patient
- Staff enhancement

If however, viewing of CCTV footage in relation to an Adult Safeguarding issue were to highlight any health and safety or unacceptable practices, then the footage would be used to carry out an appropriate investigation in respect of the particular issue that has been noted.

14.0 Monitoring

This Policy, its operation and the operation of this CCTV system will be reviewed annually by the Trust's Local Hospital Security Team providing an Annual report to the Information Governance Committee.

15.0 Evidence Base/References

Information Commissioner's CCTV Code of Practice

16.0 Consultation Process

TILLI Group (Hospital Patient Council)
 Muckamore Abbey Hospital Staff – clinical and non-clinical
 Director of Adult Social and Primary Care
 Co-Director of Learning Disability Services
 Service Improvement and Governance Manager
 Hospital Services Manager
 Clinical Director of Hospital Learning Disability Services
 Trust Data Protection Office
 Belfast Trust Adult Safeguarding Team
 PSNI/PPU
 Hospital Advocacy Services
 Trade Unions

17.0 Appendices/Attachments

Appendix 1 – CCTV Registers
 Appendix 2 - Operational Procedures For the Control and use of CCTV in Muckamore Abbey Hospital
 Appendix 3 – Access Log
 Appendix 4 – CCTV Viewing Record Form
 Appendix 5 – Receipt for Copied USB taken for evidential purposes

18.0 EQUALITY STATEMENT

In line with duties under the equality legislation (Section 75 of the Northern Ireland Act 1998), Targeting Social Need Initiative, Disability discrimination and the Human Rights Act 1998, an initial screening exercise to ascertain if this policy should be subject to a full impact assessment has been carried out. The outcome of the Equality screening for this policy is:

Major impact ☐

Minor impact ☐

No impact. ☒

SIGNATORIES

(Policy – Guidance should be signed off by the author of the policy and the identified responsible director).



Author

Date: _____ June 2017 _____



Director

Date: _____ June 2017 _____

CCTV Register for Sixmile

Camera Reference Number	Location	Building	No Of Recordable Cameras	No of Viewing Only Cameras	Scheme Manager	Date Scheme Approved	Operational Responsible Officer(s)	3 rd Party Maintenance Contrator
01	Assessment Garden	Sixmile	1	1	Brendan Ingram		Hospital Security Team	RADIOCONTACT LTD
02	Assessment Exit Door	Sixmile	1	1	Brendan Ingram		Hospital Security Team	RADIOCONTACT LTD
03	Assessment Bedrrom Corridor 1 – 7	Sixmile	1	1	Brendan Ingram		Hospital Security Team	RADIOCONTACT LTD
04	Assessment Bedroom Corridor 1 – 9	Sixmile	1	1	Brendan Ingram		Hospital Security Team	RADIOCONTACT LTD
05	Assessment Staff Base	Sixmile	1	1	Brendan Ingram		Hospital Security Team	RADIOCONTACT LTD
06	Assessment Education Room	Sixmile	1	1	Brendan Ingram		Hospital Security Team	RADIOCONTACT LTD
07	Assessment Life Skills Room	Sixmile	1	1	Brendan Ingram		Hospital Security Team	RADIOCONTACT LTD

08	Assessment Staff Base	Sixmile	1	1	Brendan Ingram		Hospital Security Team	RADIOCONTACT LTD
09	Assessment Interview Room	Sixmile	1	1	Brendan Ingram		Hospital Security Team	RADIOCONTACT LTD
10	Assessment Day Space	Sixmile	1	1	Brendan Ingram		Hospital Security Team	RADIOCONTACT LTD
11	Assessment Quiet Room	Sixmile	1	1	Brendan Ingram		Hospital Security Team	RADIOCONTACT LTD
12	Assessment Garden	Sixmile	1	1	Brendan Ingram		Hospital Security Team	RADIOCONTACT LTD
13	Assessment Garden	Sixmile	1	1	Brendan Ingram		Hospital Security Team	RADIOCONTACT LTD
14	Assessment Day Space	Sixmile	1	1	Brendan Ingram		Hospital Security Team	RADIOCONTACT LTD
15	Assessment Smoking Room	Sixmile	1	1	Brendan Ingram		Hospital Security Team	RADIOCONTACT LTD
16	Assessment Entrance Lobby	Sixmile	1	1	Brendan Ingram		Hospital Security Team	RADIOCONTACT LTD
17	Assessment	Sixmile	1	1	Brendan		Hospital	RADIOCONTACT

	Entrance Lobby				Ingram		Security Team	LTD
18	Shared Corridor	Sixmile	1	1	Brendan Ingram		Hospital Security Team	RADIOCONTACT LTD
19	Shared Corridor	Sixmile	1	1	Brendan Ingram		Hospital Security Team	RADIOCONTACT LTD
20	Education Room	Sixmile	1	1	Brendan Ingram		Hospital Security Team	RADIOCONTACT LTD
21	Recreation Room	Sixmile	1	1	Brendan Ingram		Hospital Security Team	RADIOCONTACT LTD
22	Recreation Room	Sixmile	1	1	Brendan Ingram		Hospital Security Team	RADIOCONTACT LTD
23	Treatment Dayspace	Sixmile	1	1	Brendan Ingram		Hospital Security Team	RADIOCONTACT LTD
24	Treatment Staff Base	Sixmile	1	1	Brendan Ingram		Hospital Security Team	RADIOCONTACT LTD
25	Treatment Dayspace	Sixmile	1	1	Brendan Ingram		Hospital Security Team	RADIOCONTACT LTD
26	Treatment Dayspace	Sixmile	1	1	Brendan Ingram		Hospital Security Team	RADIOCONTACT LTD
27	Treatment Bedroom Corridor 9 –	Sixmile	1	1	Brendan Ingram		Hospital Security Team	RADIOCONTACT LTD

	16							
28	Treatment Smoking Room	Sixmile	1	1	Brendan Ingram		Hospital Security Team	RADIOCONTACT LTD
29	Treatment Bedrrom Corridor 9 – 16	Sixmile	1	1	Brendan Ingram		Hospital Security Team	RADIOCONTACT LTD
30	Treatment Bedroom Corridor 9 – 16	Sixmile	1	1	Brendan Ingram		Hospital Security Team	RADIOCONTACT LTD
31	Treatment Garden	Sixmile	1	1	Brendan Ingram		Hospital Security Team	RADIOCONTACT LTD
32	Treatment Interview Room	Sixmile	1	1	Brendan Ingram		Hospital Security Team	RADIOCONTACT LTD
33	Treatment Dayspace	Sixmile	1	1	Brendan Ingram		Hospital Security Team	RADIOCONTACT LTD
34	Treatment Life Skill Room	Sixmile	1	1	Brendan Ingram		Hospital Security Team	RADIOCONTACT LTD
35	Treatment Dayspace	Sixmile	1	1	Brendan Ingram		Hospital Security Team	RADIOCONTACT LTD
36	Treatment Quiet Room	Sixmile	1	1	Brendan Ingram		Hospital Security Team	RADIOCONTACT LTD
37	Treatment Bedroom	Sixmile	1	1	Brendan Ingram		Hospital Security	RADIOCONTACT LTD

	Corridor 1 - 8						Team	
38	Treatment Bedroom Corridor 1 - 8	Sixmile	1	1	Brendan Ingram		Hospital Security Team	RADIOCONTACT LTD RADIOCONTACT LTD
39	Treatment Garden	Sixmile	1	1	Brendan Ingram		Hospital Security Team	RADIOCONTACT LTD

Appendix 1

Camera Reference Number	Location	Building	No Of Recordable Cameras	No of Viewing Only Cameras	Scheme Manager	Date Scheme Approved	Operational Responsible Officer(s)	3 rd Party Maintenance Contrator
01	PICU Garden Door Outside	Cranfield	1	1	Brendan Ingram		Hospital Security Team	RADIOCONTACT LTD
02	PICU Garden	Cranfield	1	1	Brendan Ingram		Hospital Security Team	RADIOCONTACT LTD
03	PICU Garden	Cranfield	1	1	Brendan Ingram		Hospital Security Team	RADIOCONTACT LTD
04	PICU Dayspace	Cranfield	1	1	Brendan Ingram		Hospital Security Team	RADIOCONTACT LTD
05	Womens Garden	Cranfield	1	1	Brendan Ingram		Hospital Security Team	RADIOCONTACT LTD
06	PICU Dayspace	Cranfield	1	1	Brendan Ingram		Hospital Security Team	RADIOCONTACT LTD
07	PICU Corridor	Cranfield	1	1	Brendan Ingram		Hospital Security	RADIOCONTACT

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							Team	LTD
08	PICU Garden Door Inside	Cranfield	1	1	Brendan Ingram		Hospital Security Team	RADIOCONTACT LTD
09	PICU Seclusion Lobby	Cranfield	1	1	Brendan Ingram		Hospital Security Team	RADIOCONTACT LTD
10	PICU Seclusion Room	Cranfield	1	1	Brendan Ingram		Hospital Security Team	RADIOCONTACT LTD
11	PICU Dayspace	Cranfield	1	1	Brendan Ingram		Hospital Security Team	RADIOCONTACT LTD
12	PICU Quiet Room	Cranfield	1	1	Brendan Ingram		Hospital Security Team	RADIOCONTACT LTD
13	PICU Rear Entrance	Cranfield	1	1	Brendan Ingram		Hospital Security Team	RADIOCONTACT LTD
14	Mens Garden	Cranfield	1	1	Brendan Ingram		Hospital Security Team	RADIOCONTACT LTD
15	PICU Interview Room	Cranfield	1	1	Brendan Ingram		Hospital Security Team	RADIOCONTACT LTD
16	PICU Entrance	Cranfield	1	1	Brendan Ingram		Hospital Security	RADIOCONTACT LTD

	Door						Team	
17	PICU Activity Room	Cranfield	1	1	Brendan Ingram		Hospital Security Team	RADIOCONTACT LTD
18	Link Corridor	Cranfield	1	1	Brendan Ingram		Hospital Security Team	RADIOCONTACT LTD
19	PICU Visitors Room	Cranfield	1	1	Brendan Ingram		Hospital Security Team	RADIOCONTACT LTD
20	Link Corridor	Cranfield	1	1	Brendan Ingram		Hospital Security Team	RADIOCONTACT LTD
21	Womens Dayspace	Cranfield	1	1	Brendan Ingram		Hospital Security Team	RADIOCONTACT LTD
22	Mens Dayspace	Cranfield	1	1	Brendan Ingram		Hospital Security Team	RADIOCONTACT LTD
23	Link Corridor	Cranfield	1	1	Brendan Ingram		Hospital Security Team	RADIOCONTACT LTD
24	Mens Recreation Room	Cranfield	1	1	Brendan Ingram		Hospital Security Team	RADIOCONTACT LTD
25	Mens Dayspace	Cranfield	1	1	Brendan Ingram		Hospital Security Team	RADIOCONTACT LTD
26	Link Corridor	Cranfield	1	1	Brendan Ingram		Hospital Security Cranfield Team	RADIOCONTACT LTD

27	Mens TV Room	Cranfield	1	1	Brendan Ingram		Hospital Security Team	RADIOCONTACT LTD
28	Mens Smoking Room	Cranfield	1	1	Brendan Ingram		Hospital Security Team	RADIOCONTACT LTD
29	Mens Staff Base	Cranfield	1	1	Brendan Ingram		Hospital Security Team	RADIOCONTACT LTD
30	Mens Interview Room	Cranfield	1	1	Brendan Ingram		Hospital Security Team	RADIOCONTACT LTD
31	Mens Bedroom Corridor 9 - 14	Cranfield	1	1	Brendan Ingram		Hospital Security Team	RADIOCONTACT LTD
32	Mens Bedroom Corridor 9 - 14	Cranfield	1	1	Brendan Ingram		Hospital Security Team	RADIOCONTACT LTD
33	Mens Staff Base	Cranfield	1	1	Brendan Ingram		Hospital Security Team	RADIOCONTACT LTD
34	Mens Garden	Cranfield	1	1	Brendan Ingram		Hospital Security Team	RADIOCONTACT LTD
35	Mens Staff Base	Cranfield	1	1	Brendan Ingram		Hospital Security Team	RADIOCONTACT LTD
36	Mens Bedroom Corridor 1 -	Cranfield	1	1	Brendan Ingram		Hospital Security Team	RADIOCONTACT LTD

	8							
37	Mens Bedroom Corridor 1 - 8	Cranfield	1	1	Brendan Ingram		Hospital Security Team	RADIOCONTACT LTD
38	Womens Fitness Room	Cranfield	1	1	Brendan Ingram		Hospital Security Team	RADIOCONTACT LTD RADIOCONTACT LTD
39	Womens TV Room	Cranfield	1	1	Brendan Ingram		Hospital Security Team	RADIOCONTACT LTD
40	Womens Smoking Room	Cranfield	1	1	Brendan Ingram		Hospital Security Team	RADIOCONTACT LTD
41	Womens Quiet Room	Cranfield	1	1	Brendan Ingram		Hospital Security Team	RADIOCONTACT LTD
42	Womens Bedroom Corridor 1 - 10	Cranfield	1	1	Brendan Ingram		Hospital Security Team	RADIOCONTACT LTD
43	Womens Staff Base	Cranfield	1	1	Brendan Ingram		Hospital Security Team	RADIOCONTACT LTD
44	Womens Bedroom Corridor 1 - 10	Cranfield	1	1	Brendan Ingram		Hospital Security Team	RADIOCONTACT LTD
45	Womens Staff Base	Cranfield	1	1	Brendan Ingram		Hospital Security	RADIOCONTACT LTD

							Team	
46	Womens Garden		1	1			Hospital Security Team	RADIOCONTACT LTD
47	Womens Bedroom Corridor 11 – 15	Cranfield	1	1	Brendan Ingram		Hospital Security Team	RADIOCONTACT LTD
48	Staff Base	Cranfield	1	1	Brendan Ingram		Hospital Security Team	RADIOCONTACT LTD
49	Womens Bedroom Corridor 11 – 15	Cranfield	1	1	Brendan Ingram		Hospital Security Team	RADIOCONTACT LTD
50	Womens Garden	Cranfield	1	1	Brendan Ingram		Hospital Security Team	RADIOCONTACT LTD
51	Mens Garden	Cranfield	1	1	Brendan Ingram		Hospital Security Team	RADIOCONTACT LTD

Appendix 2

19.0 OPERATIONAL PROCEDURES FOR THE CONTROL AND USE OF CCTV in MAH

This should be read in conjunction with CCTV policy and

- The Information Commissioner's Code of Practice (CCTV)
- The following operational procedures

20.0 Standards

- Cameras must always be operated so that they will only capture the images relevant to the purpose for which the particular scheme has been established and approved.
- Cameras and recording equipment should be properly maintained in accordance with manufacturer's guidance to ensure that clear images are recorded.
- Cameras should be protected from vandalism in order to ensure that they remain in good working order.
- If a camera/equipment is damaged or faulty there should be a separate local procedure for,
 - Defining the individual(s) responsible for ensuring the camera is fixed.
 - Ensuring the camera/equipment is fixed within a specific time period.
 - Monitoring and overseeing the quality of the maintenance work.
- Cameras should not be allowed/altered to view any areas outside current locations which have been agreed.

21.0 Operators

- All staff involved in the handling of the CCTV equipment, both directly employed and contracted, will be made aware of the sensitivity of handling CCTV images and recordings.

22.0 Maintenance

- A comprehensive maintenance log will be kept which records all adjustments/alterations/servicing/non-availability of all individual schemes
- Any hard drives on which images have been recorded will be replaced when it has become apparent that the quality of images has deteriorated.
- If the system records location/time/date these will be periodically checked (at least weekly) for accuracy and adjusted accordingly. In the case of alterations due to 'British Summer Time' the system should as a matter of course be checked for accuracy.

23.0 Procedures for Processing Subject Access Requests

Subjects who wish to access Belfast Health and Social Care Trust information recorded on CCTV systems must contact the Trust's Data Protection Officer and

must state the nature of their relationship with the Trust (for example employee, former employee, service user, visitor, contractor). Any member of staff receiving such a request must forward it immediately to the Data Protection Officer.

24.0 Access

- In the event that CCTV footage records an incident to be subject to further investigation, or is subject to a data subject access request, a copy of the images in question shall be provided to the Data Protection Officer for preservation.
- The MAH Hospital Security Team should be aware of the procedures for granting subject access requests to recorded images or the viewing capabilities of CCTV schemes (as per the CCTV Policy). All such requests (in the first instance) should be notified immediately to the Data Protection Officer in writing.
- Access to the recorded images should be restricted to a manager or designated member of staff approved by Hospital Security Team/IAO. All accessing or viewing of recorded images should only occur within a restricted area and other employees should not be allowed to have access to that area or the images when a viewing is taking place.
- The justification for any disclosure must be recorded in the 'Access Log' (Appendix 3).

25.0 This particular CCTV system works on a 90-day hard drive which is then set to overwrite itself.

A review must be undertaken three months after implementation to assess against the stated purpose of the identified scheme.

Appendix 3**CCTV Viewing Record Form****(This form to be used whenever CCTV footage is viewed)****Date:-****Time:-****Location of viewing:-****Person present:-** (Print full name)

(Job title)

(Signature)

Person present:- (Print full name)

(Job title)

(Signature)

Brief details of the viewing (to include outline of incidents & next steps):

.....

.....

.....

.....

.....

USB Reference Number (unit initials and sequential number)**Note:-** This form must be stored securely.

Appendix 4

Receipt for copied Iron Key taken for evidential purposes

(1 x copy to person requesting and 1 x copy retained)

I acknowledge receipt of copied USB Number To be solely for evidential purposes only.

Full name of person handing Iron Key over:- (Print)

Signature of person handing Iron Key over:- (Signature)

Job title of person handing Iron Key over:- (Job title)

Full name of person receiving Iron Key:- (Print)

Signature of person receiving Iron Key:- (Signature)

Job title of person receiving Iron Key:- (Job title)

Iron Key Reference Number (unit initials and sequential number)

Crime Reference Number (Police)

Note:- This form must be stored securely.

Appendix 5

Procedure for Hospital Security Team to Access Footage

Following a notification to and approval from the BHSCT Data Protection Office, the following procedure will be followed when access and download of CCTV footage is required to assist in the investigation of a Vulnerable Adult Issue:

Access and Download:

The CCTV viewing record form (Appendix 3) must be completed in full by a member of the Hospital Security Team. The required footage will then be downloaded on to a Trust encrypted Iron Key. Passwords for access to the Iron Key will only be made known to those who require access to the footage.

Viewing of Images:

The viewing of images pertaining to any incident will be restricted to a member of the hospital security team or a designated member of staff directly related to the investigation of an Adult Safeguarding Incident. The footage should be viewed in a location free which affords privacy and confidentiality and which is free from patients, staff and visitors.

Retention and Destruction of CCTV Footage:

The encrypted Iron Key to which the footage is downloaded will be stored in a locked cabinet in the Adult Safeguarding Department. The footage downloaded should be retained for a period of time which is in keeping with both the Trust's policy on Retention of Records and Good Management, Good Records (GMGR).

Where there is a request from PSNI for a copy of downloaded footage, two copies should be downloaded and one given to the PSNI ensuring that the form "Receipt for copied Iron Key taken for evidential purposes" (Appendix 4) is completed in full.



Co-operating to Safeguard Children and Young People in Northern Ireland

**Version 2.0
August 2017**

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1.0 INTRODUCTION

1.1 Scope of this Policy

This policy replaces the 'Co-operating to Safeguard Children' guidance issued in 2003. It provides the overarching policy framework for safeguarding children and young people in the statutory, private, independent, community, voluntary and faith sectors. It outlines how communities, organisations and individuals must work both individually and in partnership to ensure children and young people are safeguarded as effectively as possible.

Safeguarding children and young people is everyone's business, however, this policy is of particular importance to, and must be adhered to by, those who provide services to children, young people and families. It applies to those who work with children and young people, whether in paid or voluntary capacities.

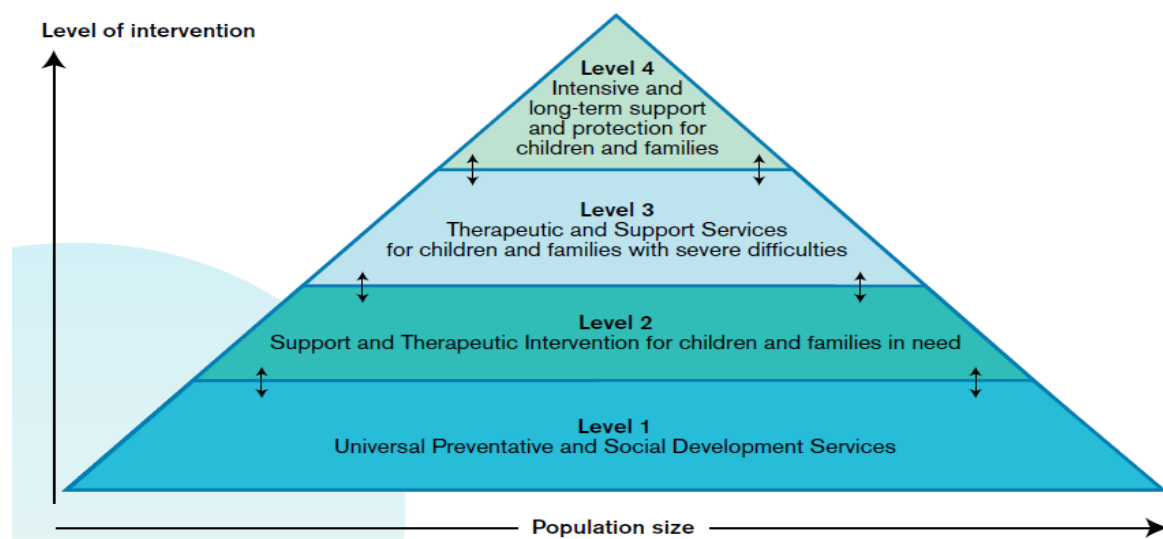
1.2 Safeguarding in Context

Within this policy, the term **safeguarding** is intended to be used in its widest sense, encompassing the full range of promotion, prevention and protection activity. Effective safeguarding activity will:

- **Promote** the welfare for the child and young person;
- **Prevent** harm occurring through early identification of risk and appropriate, timely intervention; and
- **Protect** children and young people from harm when this is required.

The **Hardiker** diagram in **Figure 1** below illustrates the breadth of safeguarding activity in the wider framework of supports offered to children and young people in Northern Ireland.

Figure 1



All children and young people have a fundamental right to be safeguarded from harm. This and other children's rights were underscored by the six high level strategic outcomes in the 2006-2016 strategy ['Our Children and Young People – Our Pledge'](#), to ensure that children and young people in Northern Ireland are:

- Healthy;
- Enjoying learning and achieving;
- Living in safety and with stability;
- Experiencing economic and environmental well-being;
- Contributing positively to community and society; and
- Living in a society which respects their rights.

Initial work has now commenced to bring forward the development of a new children and young people's strategy which will build on these outcomes.

The welfare of children and young people must be promoted and they must be given every opportunity to develop to their full potential, free from harm through abuse, exploitation and neglect.

The primary responsibility for safeguarding children and young people and promoting their welfare rests with their parents or carers. They provide help, support and protection to their children. Extended family, friends, neighbours and the wider community can help parents and carers to safeguard and promote the welfare of children.

Those who work with children, young people or families, in whatever capacity, have a particular responsibility to promote their welfare and ensure they are safe. All organisations and agencies working with children and young people must discharge their functions with regard to the need to safeguard children and young people, must have procedures in place for safeguarding, and ensure these are adhered to. When there are concerns about the welfare of a child or young person, early intervention and appropriate parental support can prevent problems escalating to a point where harm occurs and can improve the long term outcomes for the child.

For some children and families, a greater level of support will, on occasions, be required and the children will be assessed as being children in need. Targeted intervention will be provided to assist families to safeguard children and to meet the assessed needs of the child.

There will unfortunately be occasions where early intervention and support is not sufficient and a child is identified as being at risk of significant harm. In such cases statutory intervention to protect the child or young person will be

required. This may include the child being the subject of a child protection plan, the child's name being placed on the child protection register, or the child becoming 'Looked After' by a Health and Social Care Trust (HSCT).

1.3 Policy Aims

The aims of this policy are to:

- **Embed a culture** which recognises the child's or young person's fundamental right to be safe and promote their general welfare;
- Ensure the promotion of a **child centred approach**, which is based on obtaining the views of children and young people and an understanding of their needs and rights;
- As far as possible, **prevent** harm occurring by increasing public awareness of harm and its effects on children and young people and where appropriate equip, empower and or support them to keep themselves safe;
- Promote **early identification** of needs and/or risk to children and young people who may require assistance;
- Promote **early intervention** to ensure families, children and young people can access and receive help and support at an early point to prevent their situations deteriorating;
- Establish clearly defined **processes of reporting** risk of harm toward children and young people which are well-understood and put in place;
- Ensure **responses** to risks of harm are proportionate, timely, professional, legal and ethical;
- Ensure **effective and co-ordinated multi-agency responses** are provided to the threat and/or occurrence of harm from abuse, exploitation or neglect of children and young people; and
- **Promote continuous learning and improvement** by identifying and applying learning and assessing the effectiveness of its application.

1.4 The Legislative Context

Obligations to safeguard children and young people and promote their welfare are contained in both international and domestic law. It is for each organisation and/or individual to be aware of the legislation and how it applies to them, or can be used by them in their work to safeguard children and young people.

The [United Nations Convention on the Rights of the Child](#) is an international human rights treaty setting out the civil, political, economic, social and cultural rights of the child. It provides the overarching framework to guide the development of local laws, policies and services so that all children and young people are nurtured, protected and empowered. Each of the 41 Articles in the Convention detail a different type of right, all of which interact to form one integrated set of rights for children and young people. All Articles of the

Convention are important and inter-relate to each other: those Articles with particular relevance for this policy include:

- **Article 3 (Best Interests of the Child)** the best interests of the child must be a primary consideration for all actions concerning children taken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies. This includes ensuring the child is given the protection and care necessary for their well-being, taking into account the rights and duties of others towards them. Organisations, services and facilities responsible for the care or protection of children must conform to appropriately set standards.
- **Article 4 (Protection of rights)** Governments have a responsibility to take all available measures to make sure children's rights are respected, protected and fulfilled. This involves assessing their social services, legal, health and educational systems, as well as funding for these services. Governments must help families protect children's rights and create an environment where they can grow and reach their potential.
- **Article 12 (Voice of the Child)** A child who is capable of forming his or her own views has the right to express those views freely in all matters which affect them, those views being given due weight in accordance with their age and maturity. This is particularly the case for any judicial and administrative proceedings affecting them. A child can either give their views directly, or have their views represented appropriately on their behalf.
- **Article 19 (Protection from all forms of violence):** Governments should ensure that children are properly cared for and their right to be protected from harm and mistreatment is upheld.
- **Article 20 (Children deprived of family environment):** Children who cannot be looked after by their own family have a right to be looked after properly by people who respect their ethnic group, religion, culture and language.
- **Articles 34 and 36 (Exploitation):** Governments should protect children from all forms of exploitation.
- **Article 39 (Rehabilitation of child victims):** Children who have been harmed should receive help to recover and reintegrate into society.

Children and young people have the right to express their opinions and to have those opinions heard and acted upon when appropriate. The child's views, however, will not necessarily determine the course of action to be taken, as ultimately, those with [parental responsibility](#) are responsible for keeping the child safe and must act in the best interests of the child. The

Convention obliges States to encourage and support parents to exercise their parental responsibilities. However, if parents neglect their responsibilities or are unable to provide a satisfactory standard of care, the State is obliged to intervene to make decisions and take actions to safeguard children and young people when it is necessary to do so.

The [Children \(Northern Ireland\) Order 1995](#) (the Children Order) is the principal statute governing the care, upbringing and protection of children in Northern Ireland. It applies to all those who work with and care for children, whether parents, paid carers or volunteers. The Children Order provides the legislative framework within which this policy operates. It covers the full range of safeguarding activity contained in Figure 1 above, including the promotion of a child's welfare, assessment of a child's needs, provision of support for children and families, protection of children, and powers to assume or secure parental responsibility for children when required. Each of these duties and powers is discussed more fully within this policy.

The [Human Rights Act \(1998\)](#) incorporates the [European Convention on Human Rights \(ECHR\)](#) into UK legislation. State authorities must use their powers reasonably and proportionately to protect children and young people, and the ECHR holds them responsible for inhuman or degrading treatment inflicted within their jurisdiction. Professionals across all public authorities, including government departments, local councils, hospitals, schools and the police must respect the ECHR, as must private bodies in specific circumstances.

The [Safeguarding Vulnerable Groups \(Northern Ireland\) Order 2007](#) as amended by the Protection of Freedoms Act 2012 provides the legislative framework for the establishment of a Disclosure and Barring Service and requirements relating to individuals who work with children and vulnerable adults. This legislation defines 'regulated activity' with children and prevents persons on barred lists from engaging in regulated activity.

The [Children's Services Co-operation Act \(Northern Ireland\) 2015](#) places a requirement on individuals and organisations providing children's services to children to co-operate with each other to devise and implement cross cutting strategies. The Act is key to ensuring improved outcomes for children by supporting, enhancing and encouraging co-operation so that services are integrated from the point of view of the child or young person.

1.5 Principles

The following principles are reflected in the Children Order and should underpin all strategies, policies, procedures, practice and services relating to safeguarding children and young people.

- **The child or young person's welfare is paramount** – The welfare of the child is the paramount consideration for the courts and in childcare practice. An appropriate balance should be struck between the child's rights and parent's rights. All efforts should be made to work co-operatively with parents, unless doing so is inconsistent with ensuring the child's safety.
- **The voice of the child or young person should be heard** – Children and young people have a right to be heard, to be listened to and to be taken seriously, taking account of their age and understanding. They should be consulted and involved in all matters and decisions which may affect their lives and be provided with appropriate support to do so where that is required. Where feasible and appropriate, activity should be undertaken with the consent of the child or young person and, where possible, to achieve their preferred outcome.
- **Parents are supported to exercise parental responsibility and families helped to stay together** – Parents have responsibility for their children rather than rights over them. In some circumstances, parents will share parental responsibility with others such as other carers or the statutory authorities. Actions taken by organisations should, where it is in the best interests of the child, provide appropriate support to help families stay together as this is often the best way to improve the life chances of children and young people and provide them with the best outcomes for their future.
- **Partnership** – Safeguarding is a shared responsibility and the most effective way of ensuring that a child's needs are met is through working in partnership. Sound decision-making depends on the fullest possible understanding of the child or young person's circumstances and their needs. This involves effective information sharing, strong organisational governance and leadership, collaboration and understanding between families, agencies, individuals and professionals.
- **Prevention** – The importance of preventing problems occurring or worsening through the introduction of timely supportive measures.
- **Responses should be proportionate to the circumstances** – Where a child's needs can be met through the provision of support services, these should be provided. Both organisations and individual practitioners must respond proportionately to the needs of a child in accordance with their duties and the powers available to them.

- **Protection** – Children should be safe from harm and in circumstances where a parent or carer is not meeting their needs, they should be protected by the State.
- **Evidence-based and informed decision making** – Decisions and actions taken by organisations and agencies must be considered, well informed and based on outcomes that are sensitive to, and take account of, the child or young person's specific circumstances, the risks to which they are exposed, and their assessed needs.

2.0 DEFINITIONS

This section provides definitions used within this policy document.

2.1 Safeguarding and Child Protection

As outlined in section 1, **safeguarding is more than child protection**. Safeguarding begins with **promotion and preventative** activity which enables children and young people to grow up safely and securely in circumstances where their development and wellbeing is not adversely affected. It includes support to families and early intervention to meet the needs of children and continues through to child protection. Child **protection** refers specifically to the activity that is undertaken to protect individual children or young people who are suffering, or are likely to suffer significant harm.

2.2 A Child

The Children Order defines a 'child' as a person under the age of 18.

2.3 Child in Need

Article 17 imposes a general duty on HSCTs to provide a range of services for children in need within their area and states a child shall be considered to be 'in need' if:

- a) he is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services;
- b) his health or development is likely to be significantly impaired, or further impaired, without the provision for him of such services; or
- c) he is disabled.

'Family', in relation to such a child in need, includes any person who has parental responsibility for the child and any other person with whom he has been living.

In determining whether a child or young person is in need, consideration must be given to:

- a) what will happen to a child or young person's development and health without services being provided; and
- b) the likely effect the services will have on the child or young person's standard of health and development.

Article 18 of the Children Order requires HSCTs:

- a) to safeguard and promote the welfare of children within its area who are in need; and
- b) so far as is consistent with that duty, to promote the upbringing of such children by their families,

by providing a range and level of care appropriate to those children's needs. Fulfilling this duty is a key part of preventative safeguarding.

2.4 The Concepts of Harm and Significant Harm

The Children Order defines 'harm' as ill-treatment or the impairment of health or development. The Order states that 'ill-treatment' includes sexual abuse, forms of ill-treatment which are physical and forms of ill-treatment which are not physical; 'health' means physical and / or mental health; and 'development' means physical, intellectual, emotional, social or behavioural development.

There is no absolute definition of 'significant harm', as this will be assessed on a case by case basis. [Article 50\(3\) of the Children Order](#) states that "where the question of whether harm suffered by a child is significant turns on the child's health or development, his health or development shall be compared with that which could reasonably be expected of a similar child".

Where a HSCT suspects that a child is suffering, or likely to suffer significant harm, the HSCT has a duty under [Article 66 of the Children Order](#) to make enquiries, or cause enquiries to be made, to enable it to decide whether it should take any action to safeguard or promote the child's welfare. **Section 6.3** provides further information on the determination of significant harm.

2.5 Child in Need of Protection

A child in need of protection is a child who is at risk of, or likely to suffer, significant harm which can be attributed to a person or persons or organisation, either by an act of commission or omission; or a child who has suffered or is suffering significant harm as defined in [Article 50 of the Children Order](#).

2.6 Types of Abuse

Harm can be suffered by a child or young person by acts of abuse perpetrated upon them by others. Abuse can happen in any family, but children may be more at risk if their parents have problems with drugs, alcohol and mental health, or if they live in a home where domestic abuse happens. Abuse can also occur outside of the family environment. Evidence shows that babies and children with disabilities can be more vulnerable to suffering abuse.

Although the harm from the abuse might take a long time to be recognisable in the child or young person, professionals may be in a position to observe its indicators earlier, for example, in the way that a parent interacts with their child. Effective and ongoing information sharing is key between professionals.

Harm from abuse is not always straightforward to identify and a child or young person may experience more than one type of harm or significant harm. Harm can be caused by:

- Physical abuse;
- Sexual abuse;
- Emotional abuse;
- Neglect; and
- Exploitation.

Physical Abuse is deliberately physically hurting a child. It might take a variety of different forms, including hitting, biting, pinching, shaking, throwing, poisoning, burning or scalding, drowning or suffocating a child.

Sexual Abuse occurs when others use and exploit children sexually for their own gratification or gain or the gratification of others. Sexual abuse may involve physical contact, including assault by penetration (for example, rape, or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside clothing. It may include non-contact activities, such as involving children in the production of sexual images, forcing children to look at sexual images or watch sexual activities, encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse (including via e-technology). Sexual abuse is not solely perpetrated by adult males. Women can commit acts of sexual abuse, as can other children.

Emotional Abuse is the persistent emotional maltreatment of a child. It is also sometimes called psychological abuse and it can have severe and persistent adverse effects on a child's emotional development.

Emotional abuse may involve deliberately telling a child that they are worthless, or unloved and inadequate. It may include not giving a child opportunities to express their views, deliberately silencing them, or 'making fun' of what they say or how they communicate. Emotional abuse may involve bullying – including online bullying through social networks, online games or mobile phones – by a child's peers.

Neglect is the failure to provide for a child's basic needs, whether it be adequate food, clothing, hygiene, supervision or shelter that is likely to result in the serious impairment of a child's health or development. Children who are neglected often also suffer from other types of abuse.

Exploitation¹ is the intentional ill-treatment, manipulation or abuse of power and control over a child or young person; to take selfish or unfair advantage of a child or young person or situation, for personal gain. It may manifest itself in many forms such as child labour, slavery, servitude, engagement in criminal activity, begging, benefit or other financial fraud or child trafficking. It extends to the recruitment, transportation, transfer, harbouring or receipt of children for the purpose of exploitation. Exploitation can be sexual in nature (see section 7).

¹ Although 'exploitation' is not included in the categories of registration for the Child Protection Register, professionals should recognise that the abuse resulting from or caused by the exploitation of children and young people can be categorised within the existing CPR categories as children who have been exploited will have suffered from physical abuse, neglect, emotional abuse, sexual abuse or a combination of these forms of abuse.

3.0 SAFEGUARDING RESPONSIBILITIES IN NORTHERN IRELAND

The roles and responsibilities of key agencies, organisations and professionals specifically relating to safeguarding children and young people are outlined in this section.

3.1 The Safeguarding Board for Northern Ireland (SBNI)

The SBNI was established under the [Safeguarding Board \(Northern Ireland\) Act 2011](#) (the 2011 Act). The 2011 Act establishes a statutory objective for the SBNI, attributes a number of functions to it and imposes a number of duties upon it. The primary aim of the SBNI is to co-ordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in Northern Ireland. The 2011 Act requires member organisations to co-operate to safeguard and promote the welfare of children and young people in Northern Ireland.

The SBNI is supported by a number of Sub-Committees including five Safeguarding Panels. These panels are located within the geographical area of the five HSCTs. They are independently chaired, multi-agency, multi-disciplinary committees of the SBNI. Safeguarding Panels facilitate safeguarding and child protection practice at a local level and are responsible for implementing the SBNI's strategic vision at a local level.

The SBNI reports to the DoH as the sponsor Department for the discharge of its statutory functions and acts in accordance with [Guidance to the Safeguarding Board for Northern Ireland](#), published by DoH. Among other statutory functions of the SBNI, it is required to develop operational policies and procedures for safeguarding and promoting the welfare of children and young people which must be adopted and implemented by member organisations across Northern Ireland. Operational policies and procedures should reflect the policy guidance set out in this document. The SBNI has a particular strategic focus – it is not an operational body. It sets strategic direction relating to safeguarding with the agreement and participation of its member bodies.

Under [Section 10 of the 2011 Act](#) members of the SBNI and its statutory committees and subcommittees have a statutory duty to co-operate contained in the exercise of their statutory functions. Mechanisms to underpin and support effective cooperation, collaboration and joint working between member bodies of the SBNI in operational practice must also be in place.

3.2 Health and Social Care (HSC)

The [Health and Social Care \(Reform\) Act \(Northern Ireland\) 2009](#) (the 2009 Act) reformed the current structure of Health and Social Care service delivery

in Northern Ireland. The Health and Social Care Board (HSCB) commissions a comprehensive range of health and social care services required in Northern Ireland from Health and Social Care Trusts (HSCTs) and other organisations. The HSCB manages the performance of HSCTs and seeks to improve performance through the exercise of its functions. The Public Health Agency (PHA) has functions in health improvement and health protection, contained in section 13 of the 2009 Act. The 2009 Act defines the parameters within which each HSC body must operate, including their duty to meet and promote the universal health and social well-being needs of all children and young people.

3.2.1 Health and Social Care Board (HSCB)

The HSCB is the 'authority' designated by the Children Order. The HSCB delegates its child safeguarding and child protection functions to HSCTs under legally binding arrangements known as 'Schemes for the Delegation of Statutory Functions'. The HSCB Director of Social Care and Children has lead responsibility for ensuring compliance with legislative safeguarding duties on behalf of the HSCB. This includes the duty to assess the service requirements of, and plan for the delivery of services to children and families in need under Article 18 (see section 2) and in conjunction with Schedule 2 to the Children Order.

Under Schedule 2, the HSCB is required to review services for 'children in need' and their families and publish an annual children's services plan in consultation with a range of named agencies. This responsibility is met through the Children and Young People's Strategic Partnership (CYPSP) through the publication of the CYPSP Action Plans.

The HSCB must ensure robust arrangements are in place in Northern Ireland to safeguard children and young people and promote their welfare by:

- providing effective safeguarding services;
- ensuring robust HSC child protection processes are in place;
- ensuring safeguarding policy and procedures are in place as they relate to the HSC including policies and procedures relating to referrals, assessment, service planning, case planning, case management and record keeping; and
- monitoring and auditing the effectiveness of HSC policy, practice and service provision in achieving specified outcomes for children and families.

The HSCB provides for a **designated doctor** role to take the lead role in child safeguarding by providing support to medical colleagues in the development and implementation of safeguarding policies, liaising with the named doctors within the HSCTs as required.

3.2.2 Health and Social Care Trusts (HSCTs)

The HSCB commissions the HSC services required to meet its legal obligations from five HSCTs, and under agreed schemes for the delegation of statutory functions, delegates its statutory duty to safeguard and promote the welfare of children under the Children Order to HSCTs. On behalf of the HSCTs, the Executive Director of Social Work within each Trust has lead responsibility for the effective discharge of all statutory functions under the Children Order.

The HSCTs work in partnership with other statutory agencies and with the community and voluntary sector to ensure that children and young people are safeguarded and their welfare is promoted. In particular HSCTs work closely with Police Service of Northern Ireland (PSNI) given their shared responsibility for child protection investigations.

Where a potential risk to a child has been raised, it is the responsibility of the Gateway Service or Children's Services in the relevant HSCT to assess the risk to the child and his/her needs and determine what response is required.

HSCTs must ensure that children and families are informed about support available and how they can access it. This includes family support services to children in need and their families, including services for children with a disability, child protection services and services for children who are 'looked after' by the HSCT. In all cases, it is the responsibility of the HSCT to ensure that the assessed needs of the children and young people are met as fully as possible, that their best interests are effectively served and risks to them are being effectively managed.

As a minimum, each HSCT should appoint a **named paediatrician** and a **named nurse** with defined responsibilities for providing a lead safeguarding role for the medical, nursing and midwifery professions. HSCTs should work in collaboration within and across disciplines to provide additional 'named' roles, where those professions consider such a role necessary to deliver effective safeguarding. Those fulfilling a 'named' role must be highly skilled and experienced in children's health and development generally and child safeguarding, including child protection, specifically. The named individuals must ensure that their Trust's child safeguarding policy and procedures are complied with in full by their professions. HSCTs should ensure clear lines of accountability to the relevant Executive Director.

In terms of governance, HSCTs must ensure that:

- All Directors are clear about their individual and corporate responsibilities and receive mandatory training in their role as

‘corporate parents’ and their statutory duty to safeguard children young people and promote their welfare;

- Non-Executive Directors seek assurances from Executive Directors that the HSCT’s delegated statutory functions and safeguarding duties and responsibilities are being fulfilled;
- Sufficient resources are available to enable the HSCT to fulfil its statutory duties to safeguard children and promote their welfare and respond to families deemed to be in need, and exercise their duty to protect children;
- Information needed to determine the level of resource required is routinely collected, collated, validated and analysed and made available to the HSCB.

3.2.3 Role of Social Workers

Social workers within HSCTs are the lead professionals for safeguarding children and young people. As a profession, social workers and their managers have responsibility to safeguard children and young people, including the management and maintenance of the Child Protection Register, its associated systems and for ensuring that all statutory functions delegated to HSCTs in respect of safeguarding and protecting children are satisfactorily fulfilled.

An unbroken line of professional governance and accountability must exist from front-line social workers in HSCTs through their Director of Social Work, to the HSCB Director of Social Care and Children, to the Chief Social Work Officer within the DoH. Social workers and / or their managers within HSCTs must ensure they are fully aware of their duties and powers under the Children Order, and must comply with legislative requirements, this policy, operational policies and procedures, published guidance and standards relating to child safeguarding.

Social workers are required to use professional knowledge to make informed judgements about the needs of the child and their family, and to inform decisions on how these needs can best be met. This includes a decision about whether a child has suffered or is likely to suffer significant harm, and if a child protection investigation is required (see section 6). Social workers have lead responsibility for all Child Protection Investigations, and should liaise with other professionals and agencies, including the PSNI, to achieve as full an understanding as possible of the child or young person’s family circumstances.

There are social workers based within organisations outside of the HSC sector who provide safeguarding services to children, such as those within the Education sector or those working in some voluntary organisations or in independent practice. These social workers must liaise closely with HSCT

social workers as necessary to ensure the children and young people they work with are effectively safeguarded.

3.2.4 Role of Health Professionals

The universal nature of health provision means that health professionals are well placed to prevent harm occurring through early identification of need and risk and through provision of support to children, young people and families in need. They are often the first to identify that families are experiencing difficulties or to uncover evidence of harm. All health professionals, including those in the independent sector, must be able to recognise the signs of harm. They must play their part in family support planning and providing on-going support for as long as is deemed necessary within the remit of their profession, contributing to and participating in the assessment processes in respect of children in need, including child protection planning and case conferences.

3.2.5 Role of Independent Guardian

The HSCB, in accordance with [Section 21 of the Human Trafficking and Exploitation \(Criminal Justice and Support for Victims\) Act 2015](#), must arrange for the appointment of an Independent Guardian who is responsible for supporting separated or trafficked children and young people. The Independent Guardian advocates on behalf of separated and trafficked children until such times as their long term care arrangements are determined and may continue to have a role into leaving care and aftercare arrangements. It is essential that such children and young people are afforded appropriate support and advice, including bespoke legal advice to assist with an asylum application.

3.2.6 Public Health Agency (PHA)

The PHA is a multi-disciplinary, multi-professional body which has four key functions:

- Health and social wellbeing improvement;
- Health protection;
- Public health support to commissioning and policy development; and
- HSC research and development.

PHA is required to create better inter-sectoral working, including enhanced partnership arrangements with local government, to tackle the underlying causes of poor health and reduce health inequalities.

The PHA provides for a **designated nurse** role to work across all HSCTs providing leadership and support in the development, implementation, monitoring and review of services provided for children and young people,

including appropriate supervision and learning opportunities in respect of safeguarding children and young people.

3.3 Justice

3.3.1 The Police Service of Northern Ireland (PSNI)

The purpose of the PSNI is to make Northern Ireland safer for everyone, by working with communities and partners. Section 32(1) of the Police (Northern Ireland) Act 2000, sets out the duties of the PSNI as follows:

- to protect life and property;
- to preserve order;
- to prevent the commission of offences;
- where an offence has been committed, to take measures to bring the offender to justice.

Where there is an immediate concern about the safety of a child or young person the PSNI has powers which enable its officers to afford emergency protection.

The PSNI plays an important role in both the prevention of harm and in the investigation of harm and potential or suspected harm to children and young people. They work both unilaterally and in co-operation with HSCTs, other agencies and organisations to investigate crimes against children and young people and to assist HSCTs and other organisations to protect children and young people who have been victims of abuse or from those who may pose a risk of harm to them. The PSNI may also deal directly with a child or young person where a crime is alleged or suspected and with adults in relation to historical abuse.

The [Protocol for Joint Investigation by Social Workers and Police Officers and Alleged and Suspected Cases of Child Abuse \(Northern Ireland\)](#) (the Joint Protocol) outlines the procedures to be followed when concerns about a child or young person requires the involvement of police and social services. When undertaking joint investigations, the child or young person's welfare is the overriding consideration and investigations must be carried out sensitively, thoroughly and professionally. Close working and appropriate information sharing between PSNI and HSCTs is vital to ensure safeguarding and other decisions are in the best interests of a child or young person, including involving a suitably qualified doctor where appropriate.

3.3.2 Youth Justice Agency (YJA)

The aim of the YJA is to make communities safer by helping children to stop offending. YJA delivers a range of services, often in partnership with others, to

help children address their offending behaviour, divert them from crime, assist their integration into the community and meet the needs of the victims of crime. The YJA must have child safeguarding procedures in place which sets out its role responsibilities and outlines how it works with health and social care professionals and other agencies involved in safeguarding children and young people.

3.3.3 Probation Board for Northern Ireland (PBNi)

The PBNi has a statutory duty to supervise offenders in order to reduce offending and protect the public. This involves working with the courts, prisons and in the community to provide supervision of prisoners who are released on licence. Although PBNi primarily supervises adults in the community, it also supervises children and young people who are subject to a range of orders including Juvenile Justice Orders and Community Service Orders. PBNi also provides programmes for individuals whose behaviour presents a risk to children and young people.

The PBNi must have child safeguarding procedures in place which sets out its safeguarding duties, roles and responsibilities, and outlines how it works closely with health and social care professionals, PSNI officers and a range of other agencies involved in safeguarding children and young people. The policy must be subject to regular review.

3.3.4 Public Prosecution Service (PPS)

The PPS is the principal prosecuting authority in Northern Ireland. PPS takes decisions on prosecution and is responsible for prosecuting cases in court. The PPS deals with cases investigated by the PSNI, Government Departments such as the Department for Communities' Single Investigation Service, and other statutory authorities such as HM Revenue and Customs and UK Border Force.

In the delivery of their services to victims and witnesses, the PPS must consider the best interests of children and young people involved or impacted by the exercise of their functions. The PPS must have procedures in place for safeguarding children as victims and witnesses, which should be subject to regular review.

3.3.5 Northern Ireland Prison Service (NIPS)

The purpose of the NIPS is to improve public safety by reducing the risk of re-offending through the management and rehabilitation of offenders in custody. The NIPS must have a child safeguarding policy and procedures in place to provide guidance to staff on safeguarding children, whether during visits to prison establishments or Visitor Centres, or when children continue to be cared for by a mother in prison.

3.3.6 UK National Crime Agency (NCA)

The NCA is the UK law enforcement agency working to lead, support and coordinate the UK's response to a wide range of global threats from serious and organised crime, matters involving UK borders, fraud and cyber crime, and the sexual abuse and exploitation of children and young people. The NCA has developed national and international multi-agency partnerships, working across sectors to disrupt and prosecute those involved.

The [Borders, Citizenship and Immigration Act 2009](#) places a duty on NCA front line staff to be alert to signs that separated children are entering the UK and for the Border Policing Command, UK Border Force and UK Visas and Immigration Service to work closely with HSCTs to safeguard any identified separated children in accordance with their safeguarding procedures; the [CEOP Command](#) works with child protection partners across the UK and overseas to identify the main threats to children and coordinates activity against these threats to bring offenders to account.

3.3.7 Public Protection Arrangements in Northern Ireland (PPANI)

The PPANI are statutory arrangements, introduced in October 2008, jointly operated by the police, probation, prisons, social services and other government and voluntary organisations. The aim of the arrangements to provide a multi-agency, co-ordinated system of risk assessment and risk management that will be effective in reducing the immediate and long term risk from sexual or violent offenders when they are released from prison into the community.

3.3.8 Northern Ireland Guardian ad Litem Agency (NIGALA)

The NIGALA is an arm's length body of DoH which provides an independent service to children and young people within the court system. The Guardian ad Litem (GAL) is an independent officer of the Court. A Court appoints a GAL under [Article 60](#) of the Children Order or [Article 66 of the Adoption \(Northern Ireland\) Order 1987](#) to represent the interests of a child in specified Children Order proceedings, and in adoption proceedings, where it is considered to be in the child's best interests to do so.

As the court proceedings involving the GAL may stem from allegations of child abuse, this may bring a GAL into contact with families where children are at risk of significant harm. NIGALA must have child safeguarding policies and procedures in place and ensure that all staff and GALs have training in their use. All GALs must be aware of the action they should take if they have reason to believe that a child is at risk of significant harm.

The responsibility of GALs differs from those of other professionals working with children, in that information obtained by them in the course of their duties is privileged but may be disclosed with the permission of the court.

3.4 Education

The Department of Education (DE) has lead responsibility for policy and strategy relating to the education of children in Northern Ireland. The Education Authority (EA) delivers educational services, including an Education Welfare Service within which sits the Child Protection Support Service (CPSS). The Education Welfare Service leads on child protection/safeguarding within the education sector, with responsibility for providing safeguarding support, advice and training to schools, and to a range of other professionals employed by the EA to provide services which involve direct contact with children.

The EA also employs Education Welfare Officers (EWOs) to provide a specialist service to support children, young people, their parents or carers in engaging constructively with schools where there are concerns about irregular attendance/non-attendance. Since 2000, EWOs appointed to post must be qualified social workers and work closely with social services and other agencies where required. For example, when fulfilling its duties under [Schedule 13 to the Education and Libraries \(Northern Ireland\) Order 1986](#) with regard to school attendance, the EA may consider that the child may be a child in need of additional services or a child in need of protection. In such instances, the EA should liaise with and/or make a referral to the relevant HSCT to enable an appropriate assessment of that child's needs to be made in compliance with extant legislation, policies and procedures.

[Article 55 of the Children Order](#) empowers the EA to make application for an **Education Supervision Order** if it believes that a child (other than a child in the care of a HSCT) is of compulsory school age and is not receiving efficient full-time education suitable to his age, ability and aptitude and to any special educational needs he may have.

3.4.1 Schools

Schools and colleges have a vital role to play in educating children about risks of harm, how to prevent harm occurring and also to be alert to and respond appropriately to concerns.

Age-appropriate education programmes must be built into the school curriculum to make children and young people aware of risk factors, where support can be obtained and empower them to seek assistance when they are at risk of harm or being harmed.

Every school should establish a school safeguarding team comprising a core membership of the Principal (Chair), Designated and Deputy Designated Teachers, the Chair of the Board of Governors and a Designated Governor for Child Protection. More information on the role of Governors, Principals and Designated Teachers can be found in [the CPSS School Governors Handbook S \(2017\)](#). The DE guidance [Safeguarding and Child Protection in Schools – A Guide for Schools \(2017\)](#) provides detailed advice and guidance for schools and others in relation to their responsibilities for child protection and procedures to be followed to enable cases of suspected abuse to be properly considered and pursued.

Boards of Governors of grant-aided schools have statutory duties under [Articles 17](#) and [18 of the Education and Libraries \(Northern Ireland\) Order 2003](#) to promote and safeguard the welfare of their pupils, including protecting them from abuse when required. Boards of Governors have a pastoral care responsibility towards their pupils and are expected to do whatever is reasonable to safeguard and promote the welfare of their pupils. They may be supported in delivering their broad safeguarding responsibilities by members of the school's Safeguarding Team and, if required, other staff with specific expertise, for example, the ICT Co-ordinator, or Special Education Needs Co-ordinator. Schools should also have a range of other safeguarding policies, for example, policies on promoting positive behaviour, on bullying and on e-safety. These should be regularly reviewed, made available to parents and should explain the school's general approach to safeguarding within the context of the specific issue being addressed and the procedures that will be followed.

Independent schools receive no public funding and are not subject to the same requirements as grant aided schools. However, as a minimum, they must comply with overarching legislation designed to safeguard the welfare of children and young people, such as the Children Order 1995 and the Safeguarding Vulnerable Groups (Northern Ireland) Order 2007.

An **Independent Counselling Service for Schools (ICSS)** is available to all post-primary aged pupils in Northern Ireland. ICSS counsellors working in school settings are required to have completed child protection training and to work in compliance with all established child protection policies and procedures.

ICSS counsellors work within the school's child protection guidelines to access support for children and young people. On occasions, a Counsellor may work closely with children and young people about whom they have safeguarding and protection concerns. Where a Counsellor becomes aware that a child or young person is, or has, suffered significant harm or is at risk of suffering

significant harm, his/her concerns should be reported through the Key Contact to the Designated Teacher for Child Protection, for onward referral to a HSCT.

Elective Home Education is the term used when a parent chooses to provide education for their child at home instead of enrolling them in school as provided for under [Article 45 of the Education and Libraries \(Northern Ireland\) Order 1986](#). There is currently no legal requirement for parents to notify the EA of their intention to home educate. However, in accordance with the Registration and Attendance of Pupils Regulations (Northern Ireland) 1974, the EA must be notified by a school when a child of compulsory school age who has been enrolled in a school has been deregistered to be Electively Home Educated.

The EA is currently developing new procedures and arrangements to help parents who home educate and to encourage them to seek support. These procedures are being informed by a consultation exercise that took place during 2014. The procedures will be set within the existing legislative framework.

As with children enrolled as pupils in a school, if any safeguarding concerns become evident, they must be referred to the appropriate authorities.

3.4.2 Further and Higher Education

Further education colleges have the same responsibility as schools to safeguard all children and young people with whom they come into contact. Colleges and universities have a duty of care to create and provide a safe environment for all their students including those from overseas. This includes students under age 18 who can apply to study at a university in Northern Ireland and may require the university to liaise / collaborate with appropriate external agencies such as HSCTs to ensure that all young people age under 18 studying at the university are appropriately safeguarded.

3.5 Northern Ireland Housing Executive (NIHE)

The NIHE can play an important role in safeguarding children and young people through recognition and referral of harm or risk of harm. Through their day to day contact with families and communities, housing officers may become aware of concerns about the welfare of children and young people and should inform the relevant HSCT about such concerns.

In accordance with their duty to assist under [Articles 46](#) and [66 of the Children Order](#), the NIHE must share relevant information and attend case conferences when requested. The NIHE can make a further important contribution to safeguarding children and young people through the provision of accommodation or support services for young people who may be vulnerable

and/or homeless, or at risk of becoming homeless, including young people leaving care.

The NIHE must have child safeguarding policy and procedures in place to ensure their staff and relevant staff of organisations funded by them are aware of and committed to practices that safeguard children and young people.

3.6 City, Borough and District Councils

Councils in Northern Ireland carry out a range of functions and services through community centres, leisure centres, and other community schemes that directly and indirectly involve children and young people. Councils must have clear policies and procedures in place to ensure their staff and those contracted to work with children and young people in the delivery of their services know what action to take if they become aware of a child or young person being at risk of harm or being harmed.

3.7 The NI Ambulance Service and NI Fire and Rescue Service

As front line responders, all emergency services have the potential to come across children who have safeguarding needs. The Northern Ireland Ambulance and Fire and Rescue Services may respond in circumstances where they identify a vulnerable child, or a child in need of protection. All staff and volunteers acting as front line responders in these emergency services should be alert to the signs of harm and abuse, and know when and how to refer concerns about a child's welfare to a HSCT Gateway Service, taking immediate protective action when required.

3.8 Voluntary, Charitable, Faith and Community-based Organisations

Voluntary, charitable, faith and community based organisations play a key role through their contribution to safeguarding children and young people generally, as well as providing more tailored support to children, young people and their families to assist them in keeping their children safe.

It is essential that all voluntary, charitable, faith and community based organisations have child protection policies and procedures in place and that their staff and volunteers receive training and support in their use. The following good safeguarding practice guides are available for organisations:

- [Keeping Children Safe: Our Duty to Care – Standards and Guidance for Safeguarding Children and Young People – November 2016;](#)
- [Getting it Right: Standards of Good Practice for the Protection of Children and Young People – Third Edition August 2009 \(Updated February 2011\).](#)

Organisations providing support to children, young people, or their families or carers should recognise the importance of keeping appropriate, accurate

records of the work they are undertaking, and have systems in place to share information with the appropriate statutory agencies where they have information or concerns regarding the welfare or safety of a child or young person.

3.8.1 National Society for the Prevention of Cruelty to Children NSPCC

The NSPCC is a charity campaigning and working in child protection. Its Royal Charter confers upon it the power to ensure an appropriate and timely response in all cases where children are alleged or suspected to be at risk of any form of abuse or neglect.

The NSPCC operates 'Childline', and other helpline telephone services for children or young people who are worried or need help or support and for adults who are seeking advice or have a concern about a child or young person.

3.9 Professional Registration Bodies and Inspectorates

There are a number of professional registration bodies, regulators and inspectorates relevant to safeguarding children and young people.

Professional Registration Bodies operate within statutory schemes of regulation underpinned by professional standards and Codes of Conduct relating to conduct and practice within their respective professions. They are responsible for:

- ensuring that the services provided by their profession are safe;
- protecting the public's interests; and
- promoting public confidence in their profession

Inspectorates also operate within schemes of regulation underpinned by service quality standards. Those involved in regulating and/or inspecting organisations providing services to children and young people should make clear to the providers of the services they regulate the expectation that they must meet the relevant quality standards, detect failings in provision of care or services early, and take appropriate action when sub-standard care is found.

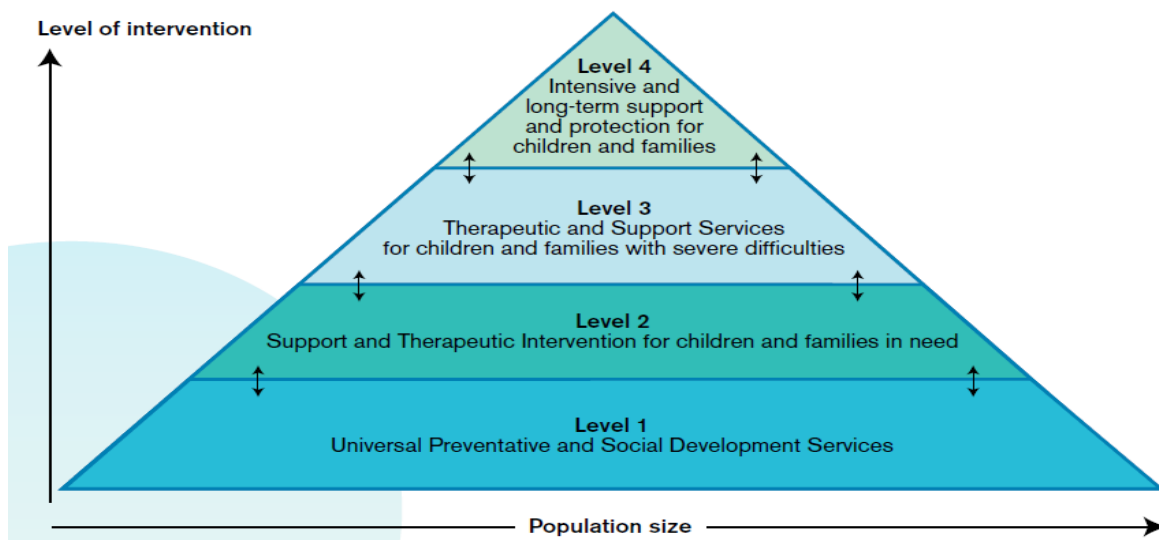
4.0 PREVENTION AND EARLY INTERVENTION

This section outlines a range of preventative measures which individually and collectively contribute to safeguarding children and young people.

The policy acknowledges that it is primarily parents who have responsibility for keeping their children safe from harm, balancing this with providing them with opportunities to participate and enjoy activities which contribute to their development and wellbeing, both inside and outside the home. Parents provide children with the support, care, stimulation and protection they need to develop physically, socially, emotionally and intellectually. They know their children better than anyone, and so are best placed to recognise the early signs of harm or risk of harm.

The **Hardiker** diagram in **Figure 2** below illustrates the breadth of safeguarding activity in the wider framework of supports offered to children and young people and families in Northern Ireland. The remainder of this section expands on how the levels of interventions within the model combine to support parents and families in helping prevent harm happening to children and young people.

Figure 2



4.1 Effective and Accessible Universal Services

Accessible universal services are an essential part of everyday life in supporting families to ensure their children and young people are safeguarded effectively. These services include health, education and a range of community-based services that ensure:

- care is provided that helps keep children safe and healthy;

- early detection of developmental delay, disability, ill health and concerns about safety and well-being, and that action is taken to address them;
- factors that could influence health and social well being in families are identified and addressed by appropriate services;
- better outcomes are achieved for children who are at risk of social exclusion; and
- preventative messages empower children and young people to keep themselves safe.

4.2 Early Recognition of Families in Need

Acting promptly to provide support for families who need help to keep their children safe can help prevent a situation escalating to a point of harm. Early recognition of a problem is important for families with children of any age, not just those with babies or young children. For example, some parents and carers find that as their child matures into their teenage years it brings challenges and behaviour that never previously existed, and that they feel ill equipped to deal with. Whatever the age of the child, recognising the situation early allows appropriate help and support to be provided that may prevent the deterioration, and return stability to the child's home environment.

Parents may recognise themselves that they require help or support, and may seek this from voluntary, community or faith based organisations. Neighbours, family and friends are sometimes best placed to identify and recognise signs that children or families need help or support and may be able to provide the support a family needs. Where this support is not enough, families should be encouraged and empowered to seek the support they need through family support services and programmes and [Family Support Hubs](#), within the community.

Staff working within early years, nursery or educational settings, have increased opportunity to identify signs of emerging vulnerability, risk or harm early. Such early identification can facilitate timely support being provided before the situation deteriorates and the child's needs escalate.

4.3 Early Intervention and Family Support

Early intervention approaches enable issues to be addressed at an early stage before they have the opportunity to worsen or become embedded, with potential negative impacts on education, health, social or employment outcomes for children and young people.

More recently there has been a particular focus on the impact of the early years of a child's life and their life-long outcomes. Child development is a complex area but a calm, stimulating, loving and stable home environment is a

key element for a child's social, emotional and healthy development. A lack of this has been shown to result in a range of poorer outcomes later in life such as being more likely to commit violent offences, completing suicide and developing ill-health in later life.

Early intervention within a safeguarding context is similar to early intervention in other areas in that it involves addressing issues relating to emerging vulnerability, potential and/or actual harm at an early stage. Such early intervention is important for all individuals and organisations who engage with children, young people and families, such as police officers and youth workers, but is particularly relevant for health and education professionals who deliver universal services and gives them a unique insight into the wellbeing of children.

Health, social care and education professionals have a responsibility to raise concerns about a child's welfare to the relevant HSCT where there is a concern relating to harm or risk of harm. However, in many instances, these professionals may recognise situations that, whilst not requiring involvement of HSCTs in relation to safeguarding, are a cause for concern. For instance, the child may be experiencing parental behaviour that, whilst not neglectful or abusive at this stage, may not be wholly conducive to healthy child development. Moreover, if the situation is not addressed, it could become harmful at a later point. Whether and when to intervene in such cases will always require the exercise of professional judgement.

It is therefore vital that concerns are acted on at an early stage in order to mitigate the risk of the child experiencing significant harm. This may include seeking to build motivation to change where it is concluded that it mitigates the emerging risk. As part of building motivation to change, professionals should encourage and facilitate engagement with local family support services and programmes, including via their local [Family Support Hub](#), to help the family access the supports that they require at that time.

Putting in place a package of support may enable the risks to the child to be appropriately mitigated. During this process, it is vital that the appropriate professionals stay engaged with the family to provide support and oversee the introduction of local services, and stay engaged until their concerns are addressed. In situations where parents are responsive and are making the necessary changes to improve outcomes for children and young people, the professional involvement should be adapted to ensure that the minimal interventionist approach is taken.

Reluctance or resistance to change on the part of parents at this early stage may indicate more serious concerns that need to be referred to the appropriate service. (see Section 6).

4.4 Children in Need

Article 17 of the Children Order defines a 'child in need'. Article 18 of the Children Order describes the general duty of the authority to provide services for children in need, their families and others.

Where a child has been assessed as being a 'child in need', there is a requirement to provide a range and level of personal social services appropriate to the child's needs. The child's needs and the fact that support and services are required to meet those needs should be fully discussed with those with parental responsibility for the child and their consent obtained to enable professionals to share information and provide the appropriate support and services.

The [Understanding the Needs of Children in Northern Ireland \(UNOCINI\) framework](#) is used to assess the child's needs and the most appropriate forms of intervention to meet identified needs of the child or young person. The framework recognises that services may be required from a range of professions, disciplines and organisations and services should be co-ordinated on a multi-disciplinary and inter-agency basis. Services should be planned and provided, in consultation with families, by professional staff and voluntary organisations with the appropriate skills and resources to meet those needs.

Social workers and other relevant professionals and agencies work with the child and his/her family and develop a 'child in need plan' to outline how the child's needs will be met within their family context, including actions to be taken and by whom to ensure the child's needs can continue to be met in the longer term.

HSCTs must promote access to a range of services for children in need without unnecessarily or inappropriately triggering child protection processes to acquire such services.

Those providing front-line services to a 'child in need' should always be alert to potential indicators and or risks of harm, significant harm and/or abuse and, where further information becomes available which suggests there may be a safeguarding concern, the case should be referred back for reconsideration by the HSCT Children's Services.

[The UNOCINI Guidance on Thresholds of Needs Model](#) can be used to assist in deciding the level of need and making a determination as to how best to

meet the child or young person's needs. Where professional staff are of the opinion that a child may still be at risk of harm, significant harm and/or abuse early authoritative intervention may be required.

Early authoritative intervention is a specific form of early intervention. It is intervening early and decisively to positively address the impact of adversity on children and reduce the risk of harm and poorer outcomes in later life. The term '**authoritative**' refers to authority based on:

- professional knowledge and expertise necessary to assess needs and risks, to make professional judgements about actions to be taken and to intervene effectively and decisively to protect a child's welfare or safety and effect positive change in family circumstances; and/or
- statutory duties and powers conferred on HSCTs to intervene to safeguard a child, which may include the provision of alternative care for a child.

HSCT Children's Services must liaise closely with adult services teams, particularly when there are children in receipt of services who are about to turn 18, to ensure that their continuing needs are recognised and provided for. An assessment should be made to determine whether they require any further services as an adult and these should be put in place in a timely manner to ensure the young person continues to receive the help they need as an adult.

4.5 Safeguarding-aware and Supportive Communities

Children are safeguarded best when the adults who care for them are themselves supported by the wider family circle, friends, neighbours and the wider community in which they live. A supportive, safeguarding-aware community 'looks out' for children and families, recognises early the signs of a family in difficulty, and makes an offer of help and assistance. It recognises the need for statutory intervention and engages statutory services where they are required.

Awareness campaigns and education programmes can help members of the community to recognise that harm to children is unacceptable and enable them to recognise and respond to situations where a child, young person or family may be in need of support. Voluntary and community groups can contribute to awareness raising through local initiatives to provide information, develop understanding and skills which help and support adults who care for children, and the children and young people themselves.

4.6 Organisations and Services which are 'Safeguarding Sound'

Organisations and services are 'safeguarding sound' when they are organised in a way which is child-centred and have the promotion of children's welfare at their core. When it comes to child safeguarding, the overall purpose of the organisation is irrelevant. The responsibility an organisation carries for the safeguarding of any children or young people in their care remains, including those organisations established for a purpose other than to provide direct services to children.

Organisations which provide services to children or young people must have policies and procedures in place which put child safeguarding at the heart of the organisation's ethos, governance and practice, and which reflect the aims of this policy. Each organisations policies and procedures must be owned at all levels within the organisation and should be in line with good practice guidelines as set out in Keeping Children Safe: [Keeping Children Safe: Our Duty to Care – Standards and Guidance for Safeguarding Children and Young People – November 2016](#); and [Getting it Right: Standards of Good Practice for the Protection of Children and Young People – Third Edition August 2009 \(Updated February 2011\)](#).

When receiving services, children need to be and feel safe, and parents need to have confidence that they will be kept safe. Organisations must foster openness with parents, to provide all necessary assurances that the services provided to their child or young person are 'safeguarding sound'. In particular, all organisations that provide services to children and young people which fall within the definition of 'regulated activity' must ensure they comply fully with the requirements of the [Safeguarding Vulnerable Groups \(Northern Ireland\) Order 2007](#) as amended by the Protection of Freedoms Act 2012. However, this must be done in a balanced, common-sense way which does not prevent individuals or groups from engaging with children and young people on the basis that safeguarding is considered too difficult.

All professionals, staff and volunteers working with children, young people and their families within and across all organisations must be able to recognise, and know how to act on, concerns that a child or young person may be at risk of harm. They must know how to access child safeguarding advice, how to escalate concerns about a child's welfare within their own organisation and or specialism and how to refer a child to the relevant HSCT Children's Service when they are concerned about a risk of harm (see section 6). They should also be alert to harm which may happen outside, including the potential for harm arising from interaction with staff or volunteers. They should know:

- when, how and who to seek advice and support from in their own organisation;

- when and how to make a referral to a HSCT Gateway Service, including the need to following up oral referrals in writing;
- that action or intervention to protect a child or young person believed to be in **immediate danger** must never be delayed;
- that a formal electronic or written record must be kept of any concerns and discussions raised about a child or young person considered to be at risk; and
- that when a decision is taken not to take further action, the basis of this decision must be recorded by the decision maker and countersigned by a senior officer of the organisation.

Organisations that have any level of contact with children or young people must plan, construct and deliver their services in a way that:

- **upholds** the rights of children to be safe, respected, and have their views considered, creating an environment where children are valued and encouraged;
- **recognises** that harm is damaging to children and must not be tolerated;
- **identifies** the signs of harm and raises awareness of any specific risk of harm a child may be exposed to within their organisation;
- **reduces** opportunities for harm to occur within their organisation; and
- has systems and processes in place for **reporting** concerns about a child's welfare both internally and externally to a HSCT Gateway Service and/or the PSNI.

In addition, organisations providing services specifically to children and young people must have:

- **robust recruitment, selection and training procedures** for staff and volunteers, including early induction in safeguarding training prior to contact with children;
- **effective management** of staff/volunteers, including effective support arrangements for staff who identify concerns from within the organisation;
- a **code of behaviour** for all staff, volunteers and service users; and
- **effective information sharing** arrangements.

Public bodies commissioning or funding organisations providing services or activities to a child or young person must fulfil their safeguarding role by ensuring that those organisations adhere to the minimum requirements stipulated above and have safeguarding embedded in their organisational

policies, procedures and practices.

Organisations which provide services to adults have a responsibility to be alert to risk of harm to the child or young person in the care of an adult to whom they are providing services. This is particularly the case for those working with 'adults at risk' where there is potential for concerns to be raised about the welfare of a child in the care of an adult at risk. Any concerns about a child's welfare which emerge in these circumstances should be referred without delay to the relevant HSCT Gateway Service (see section 6). Consent should be sought, if required, from the adult before information about them is shared (see section 8), unless to do so could further compromise the child's welfare, place them at risk of harm or undermine any investigative actions necessary by PSNI.

4.6.1 Individuals providing services to children or young people

Individuals such as private tutors or sports coaches providing services to children or young people have a responsibility to ensure the activities or services they provide are safe. These individuals should be able to demonstrate that any risks of harm identified have been assessed and that measures are in place to minimise them.

Those employing a tutor or coach should be satisfied to the best of their ability that they are employing one who is properly qualified and knowledgeable about child safeguarding. Parents should ask the tutor or coach to provide a copy of his/her child safeguarding policy and should satisfy themselves that there is no cause for concern or risk of harm to their child by requesting and checking references or accompanying the child or young person.

5.0 ENGAGING THE FAMILY

5.1 Involving Children and Young People

Children and young people, in keeping with their age and abilities, should be supported to understand the extent and nature of their involvement in plans and decisions that affect them. Practitioners must take full account of the rights of the child or young person and meaningfully engage them in decisions which contribute to meeting their needs, including their safeguarding needs. Children and young people should be made aware and helped to understand:

- what services are available and why they are being provided;
- how they can be involved and how they can be helped to articulate their views, wishes, feelings and their own sense of the risks to which they are exposed and what they feel can be done to keep them safe;
- how their views will be taken into account when decisions about services to be provided and their future are being made;
- what concerns professionals have about them;
- how safeguarding and child protection processes work; and
- why and how decisions which run contrary to their views have been made.

Children or young people who lack capacity to express their views on a particular matter require more specific or personalised support, for example, advocacy and representation or communication support or the provision of interpreters for sign or other languages. This should be provided based on the specific needs of the child or young person and consideration should be given to whether additional professional support should also be sought to assist other members of the family to express their views.

All children and young people should be informed that ultimately, decisions will be taken to safeguard them and to promote their welfare.

5.2 Working with Parents / Carers

In some cases parents are powerless to stop harm occurring to their children, despite their best efforts. On that basis, when working with parents, professionals need to take care not to apportion unnecessary blame to parents for harm which has occurred to their child or young person.

Professionals must remain alert to the possibility that, despite strenuous efforts on part of some parents to safeguard their children, their children and young people may continue to place themselves in situations of risk or be enticed into such situations by others. Professionals should work in close proactive partnership with parents to ensure they have as full an

understanding as possible of the strategies and interventions parents have used to try to keep their children safe. If these have been unsuccessful, professionals need to understand why so that they can provide advice and support to parents in the first instance to assist them to manage the risks to their children. Such work needs to be undertaken collaboratively and sensitively so that parents who are endeavouring to protect their children and young people are not left feeling stigmatised, dismissed or blamed for the risks that continue to exist.

It is also important that children and young people who place themselves in situations of risk see that professionals persevere to support and help parents who are trying to keep their children safe.

Some parents abilities to safeguard their children may also be limited if they have limited capacity or have themselves experienced compromised parenting and cannot exercise effective control over their children's lives. If necessary, co-ordinated support from a range of professionals should always be offered to parents who are attempting to parent positively. However, there will also be instances when some parents are unable, unwilling or are reckless in prioritising their children's needs and welfare effectively and in such instances professionals need to effectively exercise the authority that attaches to their roles.

Professionals must consider whether parents require help or support to deal with any harm they themselves have suffered, or are at risk of. Without help, some parents may be unable to recognise what needs to change to enable them to provide the support their child requires from them.

Not all parents are able to safeguard their children, even with help and support. Some parents may feel hurt and angry and refuse to co-operate with social workers or other practitioners. A minority of parents may be actively dangerous to their children, other family members, or professionals and some may be unwilling and/or unable to change.

There will be instances where decisions taken by professionals in the best interests of the child do not concur with the parents / carers and children and young people's views and wishes. Professionals should deal sensitively with parents / carers but must always be mindful that their duty is to ensure the safety and welfare of a child or young person and the child's best interests are paramount.

Professionals should be alert to the possibility of, and risks associated with, [disguised compliance](#) as some parents may feign cooperation to avoid more authoritative interventions that may be required to safeguard their children. It is

important that staff working with resistant families and/or manipulative parents have adequate managerial support, advice and guidance available to them and that staff and their managers ensure that the voice of the child or young person is heard when making decisions about the child's best interests and possible need to be safeguarded.

In addition to effective support, it is important that practitioners have an appropriate level of professional and supervisory challenge which tests their analysis and assessment. This is particularly important when working with the possibility of disguised compliance and /or hostility from parents in order to ensure the focus remains upon the child and or young person's safety, welfare, and what is in their best interest.

5.3 Family Group Conferences (FGC)

FGCs have proved effective as a means of helping to identify and resolve family problems and consideration should be given to their use, where appropriate, as early as possible. They can also be used in circumstances where risk of significant harm emerges.

The decision to hold a FGC is a matter of professional judgement. If a decision is made not to hold a FGC, the rationale for this decision should be recorded, particularly where a referral is being progressed as a child protection case and a case conference is being convened.

A FGC is a family led decision making process in which a child or young person's wider family and friends come together in a meeting (conference) to develop a plan to protect and support the child/young person in the family. The Plan proposed by the family members in attendance at the FGC must be agreed and endorsed by the HSCT working with the child and their family.

The overriding principle in such decisions should always be the best interests and welfare of the child or young person. Professionals must provide clear unambiguous information about the matters of concern, to enable the family members in attendance to make an informed plan, which meets the identified needs of the child/young person.

6.0 PROTECTION

This section outlines responsibilities for child protection, within and between organisations and agencies.

6.1 Raising a Concern

Anyone with an **immediate** concern about the safety or welfare of a child or young person should contact the PSNI without delay so that an emergency protective response can be made. A referral may also be made directly to the PSNI where a crime is alleged or suspected.

Anyone with a concern about the safety or welfare of a child or young person in circumstances other than an emergency should contact the HSCT Gateway Service in the relevant HSCT. This includes parents or family members seeking help, concerned friends and neighbours, professionals and individuals from statutory or voluntary organisations. Even where individuals are unsure about whether a concern needs to be referred, they can contact the HSCT to obtain advice. Advice can also be obtained from the NSPCC helpline. Referrals outside normal working hours should be made to the Regional Emergency Social Work Service (RESWS).

Where the child or young person is already known to HSCT, the concern should, where possible, be raised with the social worker involved with the child or young person.

Where an allegation of child abuse is made, by any person, or, where grounds exist to suspect that a child is being abused, the referring professional should not in these circumstances be conducting further enquiries or passing information to other parties until after the outcome of the joint assessment between HSCT and the PSNI has been completed in accordance with the [Joint Protocol](#) or other relevant policy and procedures. Any subsequent action taken under the Joint Protocol should be taken in liaison with the PSNI.

Staff and volunteers in organisations should follow their own internal policy and procedures in raising a concern or making a referral about the safety or welfare of a child or young person to a HSCT. Statutory and voluntary organisations must keep a record of all discussions to ensure that all relevant information is provided through an appropriate shared response to the HSCT.

6.2 Receipt of Referrals

If the child about whom a referral is made is **on the child protection register of**, or is **'Looked After' by another HSCT**, the HSCT Gateway Service who receives the referral should involve the HSCT responsible for the child without delay. That responsible HSCT must then take immediate steps to decide on

the action needed, if any, to safeguard the child or young person. If possible, the initial assessment should always be carried out by the child's own designated social worker from the responsible Trust.

If a child or family is **currently known to the HSCT**, the referral should be progressed within the relevant HSCT Children's Service by the social worker with case responsibility for the child or family. **For all other referrals received**, the HSCT Gateway Service will carry out an initial assessment using all the available information and decide if further action is required. As part of the process consideration should be given as to whether or not the [Joint Protocol](#) should be implemented.

Where there are allegations of abuse, or where a crime is suspected, the referral must be reported immediately to the PSNI and a **strategy discussion** completed to decide how to proceed. The strategy discussion may include the involvement of a Forensic Medical Officer, GP, paediatrician, other professionals and/or a person with specialist knowledge - for example specialist expertise should be sought if required where the child or young person has learning, communication or sensory disability such as hearing loss. The purpose is to ensure an early exchange of information, and to clarify what action needs to be taken jointly by PSNI and the HSCT and/or what they will take forward separately. This strategy discussion should be action-orientated with the purpose of planning how the investigation will be co-ordinated.

The HSCT Gateway Services, or the relevant HSCT Children's Service and the PSNI are responsible for liaising and arranging joint investigation and joint protocol interviews. Where the decision is taken not to implement the Joint Protocol, the PSNI and the HSCT must agree which agency will lead on the referral and take appropriate action to secure the child's safety. Where assessment concludes that protective action is needed, then the HSCT should ensure this is progressed and provided.

Where it is concluded that protective action is not required, the social worker with case responsibility for the child/ young person will explain this and the reasons for that conclusion to the child and family and direct the child or family to help or support services available from universal health services, or from early intervention support services in the local area.

In either case, all decisions and actions taken along with their rationale in relation to the referral should be recorded, and records placed on the child or young person's case file.

6.3 Assessment of Referrals

As part of the **assessment**, the HSCT Gateway Service or the relevant HSCT Children's Service will conduct an investigation into the concerns outlined in the referral, working in collaboration where appropriate, with a view to determining if the child is:

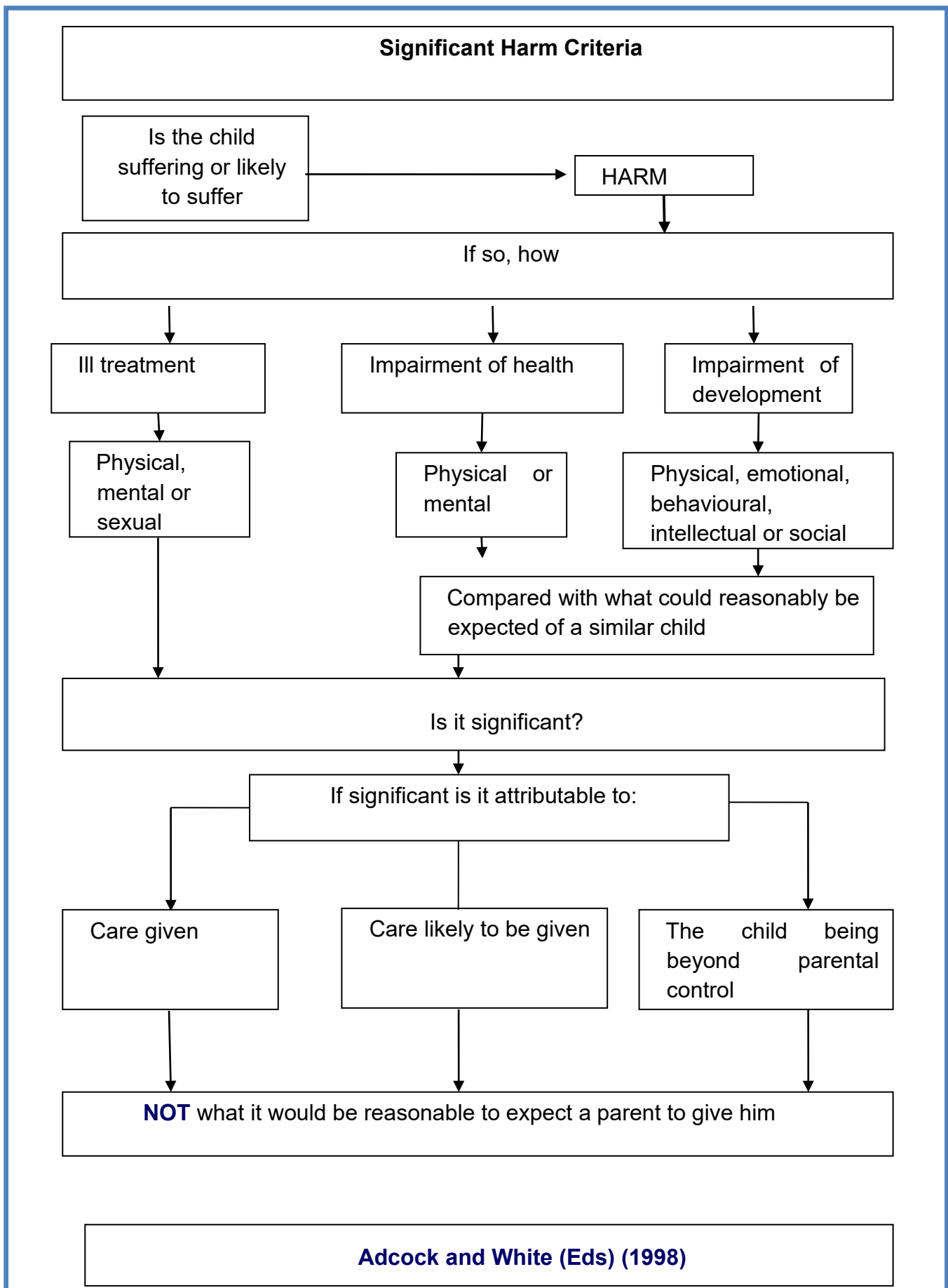
- at risk of significant harm, or has experienced significant harm;
- a 'child in need' as defined by Article 18 of the Children Order; or
- not a 'child in need', or at risk of significant harm, but whether some level of family support is required and appropriate action taken.

Other statutory organisations or professionals who have been involved with the child or family members, or are aware of their circumstances are required to assist the investigation and input into the inquiries being made. Voluntary organisations are expected to co-operate in compliance with the Regional Child Protection Policy and Procedures and their own organisational policies and procedures. The assessment process should include consideration of the views of the child or young person.

There are no absolute criteria on what constitutes **significant harm**. [Article 50\(3\)](#) of the Children Order states that "where the question of whether harm suffered by a child is significant turns on the child's health or development, his health or development shall be compared with that which could reasonably be expected of a similar child". Sometimes, a single traumatic event may constitute significant harm. More often, significant harm is a compilation of childhood adversities and or abuse which has a negative impact on the child's physical, social, emotional and psychological development.

The decision as to whether significant harm is present will require a careful application of professional judgement based on the nature of the concern, all available information about the child and the family, and the views and opinions of the child or young person, family members and other professionals.

The decision to initiate protection procedures is a matter for professional judgement and each case should be considered individually. The diagram (from **Adcock and White (Eds) (1998)**) may be helpful in determining the criteria that may constitute significant harm.



6.4 Child Protection Investigations

Where there are concerns a child is at risk of, or has experienced, significant harm, a '**Child Protection Investigation**' will be commenced under [Article 66](#) of the Children Order. Such investigations must be conducted in compliance with the Regional Child Protection Policy and Procedures. The HSCT must conduct such inquiries as it considers necessary to enable it to decide whether it should take any action to safeguard or promote the child's welfare. Inquiries must include consideration of any risk of harm presented from both **outside and within** the family setting.

In order to encourage the greatest degree of multi-agency and inter-professional contribution, all agencies, organisations and professionals in the statutory and non-statutory sector are expected to cooperate fully with the HSCT and the PSNI in their investigations and attend and provide information to the Child Protection Case Conference, if invited.

Those who have a legislative duty to cooperate with HSCTs under [Article 66 of the Children Order](#) must have procedures in place to assist compliance with their Article 66 duties. They must be fully briefed and informed about the case to enable them to represent their professional or organisational interaction with the child and/or family members until that point. This may involve sharing or evaluating information, including the sharing of any concerns that have arisen. It may also involve working in partnership with the HSCT and the PSNI to assess the risk for the child, young person and their family.

Decisions taken must be based on information available at the time, including information held by other disciplines / professionals within the HSCT relating to the child, young person, other children of the family and family members as appropriate. Such information should be judiciously and sensitively managed in compliance with the law, policy and procedural requirements. If additional information subsequently becomes available it must be provided to the relevant social worker(s) to further inform decision making.

Once a Child Protection Investigation has concluded that the allegation is substantiated, consideration must be given to the child or young person's needs for immediate protection, any action necessary to secure this, and the need to convene a Pre-birth Case Conference / Child Protection Case Conference. The purpose, criteria and functions of a Child Protection Case Conference are outlined in section 6 of the Regional Child Protection Policy and Procedures.

Where a decision is taken by a Child Protection Case Conference not to add the child's name to the Child Protection Register, or where subsequently a decision is taken to remove a child's name from the Child Protection Register,

the HSCT Children's Services must ensure an assessment is made as to whether the child is a 'child in need' and/or if the provision of support services is required.

6.5 The Child Protection Register (CPR) and Child Protection Plans (CPP)

The purpose of the CPR is detailed at section 7.4 of the Regional Child Protection Policy and Procedures. It serves as a register of names of children in respect of whom a multi-disciplinary and inter-agency decision has been made at a Child Protection Case Conference. The decision to add a child's name to the CPR means he/she has suffered or is at risk of suffering significant harm and requires an inter-agency and multi-disciplinary CPP to ensure their protection. A child's/young person's name may be placed on the CPR under more than one category of abuse.

Although the primary responsibility for ensuring the CPP is drawn up and implemented lies with HSCT social workers, other professionals and agencies may be required to contribute to the execution of the plan. The CPP must set out actions to be taken, by whom and when, and the outcome expected. Joint planning and intervention across agencies will help ensure that risks are assessed as thoroughly as possible and action is taken to minimise and mitigate any further harmful impact on the child or young person. As far as possible, the HSCT should involve the child or young person in an age-appropriate way in determining the actions within the CPP, noting that, for older children, protective measures which do not take account of their views may become difficult to implement and therefore may not keep the child safe from harm. Any decisions made in relation to actions and or interventions to protect the child or other children of the family should be child-centred, safety-focussed, proportionate and timely. A holistic approach should be taken to identify and respond to a child or young person's current and longer term needs, as well as any potential risks of harm they may face. Child protection interventions must be structured, therapeutically focussed and informed by the continuing contribution, skill and expertise of all relevant professionals and agencies. This work should be evidenced in the records of all relevant professionals and agencies.

6.6 Making Effective Use of Legislative Powers

HSCTs and other agencies can apply to the Court for a range of Legal Orders to assist and / or fulfil their duties to safeguard children. This includes the general powers contained within the Children Order and others which are available in particular circumstances. The following paragraphs outline a range of Orders that can be applied for, from the least authoritative intervention with participative parental involvement to, the authoritative intervention of the state securing 'parental responsibility' in respect of individual children.

[Article 12A of the Children Order](#) requires that when a court is considering whether to make a Residence or Contact Order in favour of a person prohibited by a non-molestation order under the [Family Homes and Domestic Violence \(Northern Ireland\) Order 1998](#) from molesting another person, or a court considers a person should be so prohibited, the court shall also consider whether a child has suffered or is at risk of suffering any harm through seeing or hearing ill-treatment of another person by the prohibited person. Children and young people can be protected from domestic violence and abuse by a range of legal powers such as a non-molestation order, and HSCTs must consider whether these are required to protect the child.

[Articles 57A](#) and [63A of the Children Order](#) give a court the power to require a named individual to be excluded from a home in which a child resides or remove a 'relevant person' or suspected abuser from the family home under certain circumstances. This can only occur where another person is able and willing to care for the child in the home and this person consents to the exclusion requirement.

[Article 55](#) enables the EA to apply for an **Education Supervision Order** to place the child under its supervision if it believes the child or young person is not being properly educated.

[Article 62](#) provides for an **Assessment Order** to be made if a HSCT has reasonable cause to suspect that the child or young person is or is likely to suffer significant harm, or an assessment of the state of his/her health or development or the way in which they have been treated is necessary, and it is unlikely that such an assessment will be satisfactorily made in the absence of an Order. The Court may further prescribe how this is to be done.

Where the child or young person is thought to be in immediate danger, HSCTs may apply to a Court for an **Emergency Protection Order** under [Article 63](#), which gives the applicant HSCT parental responsibility for the child or young person for a maximum of eight days. An Emergency Protection Order may only be extended upon application to the Court for a further seven days.

[Article 65](#) provides certain powers to the police regarding removal and accommodation of a child for up to 72 hours where there is reasonable cause to believe they would otherwise be likely to suffer significant harm. A police officer may, under the provisions of a **Police Protection Order** (PPO), remove the child or young person to suitable accommodation and keep him/her there or take such steps as are reasonable to ensure that the child or young person's removal from any hospital, or other place, in which they are then being accommodated is prevented. The framework for ensuring protection of a child or young person beyond the seventy-two hours afforded under the PPO

requires the police to consult immediately with the relevant HSCT so that an appropriate Order or arrangements can be sought conferring parental responsibility on the HSCT.

[Article 69](#) provides for a court to make a **Recovery Order** where there is reason to believe that a child who is either in care, subject to an emergency protection order, or in police protection:

- has been unlawfully taken away or is being unlawfully kept away from the person who is responsible for his/her care, the responsible person;
- has run away or is staying away from the responsible person; or
- is missing.

A **Harbourer's Warning Notice** informs a person with a child that those who have parental responsibility for the child do not agree to the harbourer holding the child. The Warning Notice can provide evidence in any prosecution for abduction under [Article 4 of the Child Abduction Order](#) or [Article 68 of the Children Order](#), or can be used to prevent a person successfully raising defences, should such an abduction charge be pursued, which would allow contact with the child and or young person to be maintained.

[Article 57](#) allows Interim Care and Supervision Orders to be made where there is an urgent need to protect the child.

[Article 50](#) provides for a **Care Order** or **Supervision Order** to be applied for. A Care Order provides for parental responsibility to be shared with those who have parental responsibility for the child by virtue of birth circumstances and/or other Orders of Court. A Supervision Order puts the child under the supervision of the HSCT. A Supervision Order does not confer parental responsibility on the HSCT.

6.6.1 Private Law Orders

[Article 8 of the Children Order](#) provides for Private Law Orders which can be applied for by certain individuals, or applied directly by the Court during family proceedings. They provide for the following Orders for the purpose of promoting the welfare of a child:

- Contact Order – requires the person with whom the child lives to allow the child to have contact with the person named in the Order;
- Prohibited Steps Order – prevents a particular step being taken with respect to the child by their parent without the consent of the court;
- Residence Order – sets out the arrangements for where the child should live;

- **Specific Issue Order** – sets out the arrangements for the determination of a particular question that has arisen in connection with any aspect of parental responsibility for the child.

Social workers and other professionals can support responsible parents/carers to utilise these Orders to afford support and protection to children and young people.

6.6.2 NSPCC

Uniquely amongst voluntary organisations, the NSPCC has authorised status under the Children Order giving it the power to apply for an Emergency Protection Order, a Child Assessment Order and to bring Care Order or Supervision Order applications. Should the NSPCC decide to exercise these powers they will do so in partnership with other agencies and in particular HSCTs and the PSNI. Where there is disagreement on a case, NSPCC will seek to resolve any difficulties using its Concerns Resolution Process and any exercise of that process will be in line with the principles set out in this policy guidance.

6.6.3 Other Legislative Powers

It is an offence under the [Child Abduction \(Northern Ireland\) Order 1985](#) for a person connected with a child to take or send the child out of the United Kingdom without the appropriate consent. A parent can also be charged with the common law offence of kidnapping. It is also an offence to take or detain a child under the age of 16:

- (a) so as to remove him from the lawful control of any person having lawful control of the child; or
- (b) so as to keep him out of the lawful control of any person entitled to lawful control of the child.

The [Sexual Offences Act 2003](#) provides for two Court Orders:

- **Sexual Offences Prevention Orders** – made against those who are deemed to pose a risk to others; and
- **Risk of Sexual Harm Orders** – made against those who have a history of sexual offences against children.

The [Sexual Offences \(Northern Ireland\) Order 2008](#) consolidated sexual offences law in Northern Ireland into one statute and modernized, strengthened and harmonised the body of offences and penalties with the rest of the England and Wales. For example, [Article 21](#) introduced offences of arranging or facilitating commission of a sex offence against a child and [Article 22](#) introduced the offence of meeting a child following sexual grooming.

Section 7 of the policy describes specific circumstances in relation to the application of **Female Genital Mutilation Protection Orders** (see section 7.2.3) and **Forced Marriage Protection Orders** (see section 7.2.4).

7.0 SAFEGUARDING IN SPECIFIC CIRCUMSTANCES

This section relates to safeguarding children and young people in specific circumstances recognising that the abuse of children and young people can manifest in a number of ways and can involve a combination of the forms of abuse defined in section 2 of this policy. The ways in which abuse manifests can also change over time and all those working to safeguard children must have an awareness and understanding of the nature and prevalence of different manifestations of abuse within their practice area. The key consideration must always be how the individual child and or young person is impacted by the harmful actions of others.

7.1 Grooming

Grooming² of a child or young person is always abusive and/or exploitative. It often involves perpetrator(s) gaining the trust of the child or young person and/or making an emotional connection with the victim in order to facilitate abuse before the abuse begins. This may involve providing money, gifts, drugs and/or alcohol or more basic needs such as food, accommodation or clothing to develop the child's/young person's loyalty to and dependence upon the person(s) doing the grooming. The person(s) carrying out the abuse may differ from those involved in grooming which led to it, although this is not always the case.

Grooming is often associated with Child Sexual Exploitation (see below), but can be a precursor to other forms of abuse. Grooming may occur online and/or through social media, making it more difficult to detect and identify. Adults may misuse online chat rooms to try and establish contact with children and young people or to share information with other perpetrators, which creates a particular problem because this can occur in real time and there is no permanent record of the interaction or discussion held or information shared. Those working or volunteering with children or young people should be alert to signs that may indicate grooming, and take early action in line with their own organisational policies and procedures and section 4 of this policy to enable preventative action to be taken, if possible, before harm occurs. [The Sexual Offences \(Northern Ireland\) Order 2008](#) provides for offences relating to sexual grooming of children and young people.

² NSPCC definition - 'Grooming is when someone builds an emotional connection with a child to gain their trust for the purposes of sexual abuse, sexual exploitation or trafficking. Children and young people can be groomed online or face-to-face, by a stranger or by someone they know – for example a family member, friend or professional. Groomers may be male or female. They could be any age. Many children and young people do not understand that they have been groomed, or that what has happened is abuse.'

Practitioners should be aware that those involved in grooming may themselves be children or young people, and be acting under the coercion or influence of adults. Such young people must be considered victims of those holding power over them. Careful consideration should always be given to any punitive approach or 'criminalising' young people who may, themselves, still be victims and/or acting under duress, control, threat, the fear of, or actual violence. In consultation with the PSNI and where necessary the PPS, HSC professionals must consider whether children used to groom others should be considered a child in need or requiring protection from significant harm.

7.2. Specific Forms of Abuse

7.2.1 Complex Child Abuse

The [Joint Protocol](#) defines **Complex Child Abuse** as 'complex, organised or multiple abuse, whether sexual, physical, emotional or by neglect occurs as part of a network of abuse across a family or community, within residential homes or schools and within an 'on or off line' networked groups of sexual offenders'.

It can be **family based abuse** perpetrated by immediate, extended or neighbouring families, and abusers may join together to abuse one another's children, often crossing generations. With this type of abuse, victims are rarely from outside the extended family and family contacts. The abuse of children and young people may also be organised outside of immediate and extended family networks. It can also be perpetrated through **paedophile networks** which can be confined to a neighbourhood, spread over a wide geographical area or cross two or more national boundaries.

Abusers often use technology, including social media, to groom and or perpetrate abuse.

Where this type of abuse takes place in a care setting, it can be facilitated by poor or inadequate care or support, or systemic poor practice that affects the whole care setting. This type of abuse should always be responded to in compliance with Regional Child Protection Policy and Procedures including where child victims are identified in accordance with the Joint Protocol.

7.2.2 Abuse within Communities

Children and young people in Northern Ireland face additional vulnerabilities living in a post-conflict society which is still experiencing legacy issues associated with paramilitarism. Within some communities, there can be an acceptance of the use of violence as a response to perceived anti-social behaviour, crime committed by individuals or as a method of control over children and young people. Children and young people within these

communities may be threatened with violence or forced expulsion from their homes and local areas by those linked to organised gangs or paramilitary organisations or as a result of perceived cultural beliefs. Children may also be abused or exploited by adults who hold power within their communities, where fear is used to coerce the child or young person into compliance.

Children and young people must be protected from all such threats of harm. Being under threat within the community can have a negative impact on a child or young person's physical, social, emotional and psychological wellbeing. HSCTs, Councils, Community and Voluntary organisations, PBNI, NIPS, YJA, PPS and the PSNI should develop and strengthen existing links to prevent harm happening as well as working together to provide a multi-agency response where harm of this nature has occurred. Where individuals or organisations become aware or receive information that a child or young person may be, or is under threat within their community, the relevant HSCT must be informed in accordance with section 6 of this policy and the Regional Child Protection Policy and Procedures. Where a crime is suspected, a person's life is at risk or believed to be at risk or there is risk of serious injury contact should be made directly and immediately with the PSNI.

Statutory services should develop and strengthen links with communities to recognise diversity and to ensure that children and young people across all communities, regardless of ethnicity, are safeguarded effectively. This includes enhancing the safeguarding capability of communities by encouraging and supporting them to recognise harm and abuse and report concerns that arise.

7.2.3 Female Genital Mutilation (FGM)

FGM involves procedures that include the partial or total removal of the external female genital organs for cultural or other non-therapeutic reasons. The practice is medically unnecessary, extremely painful and has serious health consequences, both at the time when the mutilation is carried out and in later life.

FGM is a criminal offence in Northern Ireland. Where any individual or organisation has a concern that a child or young person may be at **immediate** risk of FGM they should report this to the PSNI without delay. Where any individual or organisation has a concern that a child or young person may be at risk of FGM, they should make a referral to the relevant HSCT in line with section 6 of this policy, to enable a response to be made that is compliant with, in the first instance, a family supportive approach, or if there is judged to be a significant risk to the child of FGM, a response compliant with Child Protection Policy and Procedures and includes the involvement of the PSNI.

Consideration should always be given to the needs of any female child of the family or female child resident in the same household.

Practitioners must comply with the [Multi Agency Practice Guidelines on Female Genital Mutilation](#), published by the Department of Finance (DOF), any Professional Guidance on FGM issued by their own professional body and their internal organisational policies, procedures and guidance. Those working in clinical, medical, nursing, midwifery and AHP practice must be particularly alert to the possibility of FGM and should always consider that there may be female children in the same household as any female who presents with signs of FGM or where there are concerns that FGM may be a possibility. The cross-disciplinary framework '[Tackling FGM in the UK: Intercollegiate recommendations for identifying, recording and reporting](#)' outlines recommendations to effectively respond to FGM. Schools and colleges must also be particularly alert to signs that a child may be at risk of FGM and take appropriate action in keeping with the Multi Agency Practice Guidelines on Female Genital Mutilation and Regional Child Protection Policy and Procedures.

Other agencies, organisations and practitioners who reasonably suspect that a girl may be at risk of FGM should make their concerns known to HSCT Gateway Services.

The [Serious Crime Act 2015 \(sections 72 and 73\)](#) has amended the [Female Genital Mutilation Act 2003](#) to include:

- in section 3.A. the 'Offence of failing to protect girl from risk of genital mutilation'; and
- in section 5.A. has introduced [FGM Protection Orders](#) (FGMPO).

A FGMPO can be made upon application³ to a court or when the court believes the making of such an order is necessary to protect a child/young person. A FGMPO may contain prohibitions, restrictions or requirements and any other such terms as the Court considers appropriate. Where it is established that a child or young person has been a victim of FGM that child/young person should be provided the full range of necessary health, social care and counselling supports.

7.2.4 Forced Marriage

A forced marriage is a marriage conducted without the valid consent of one or both parties and where duress is a factor. Forced marriage is a criminal

³ An application may be made by the girl who is to be protected by the order, or a relevant third party or any other person with the leave of the court.

offence in Northern Ireland, and where an agency, organisation or practitioner has knowledge or suspicion of a forced marriage in relation to a child or young person, they should contact the PSNI immediately.

All agencies with responsibility towards safeguarding and promoting the welfare of children must comply with [The Right to Choose: Statutory Guidance for Dealing with Forced Marriage](#) published by DoF in April 2012 to protect persons from being forced into marriage against their will. This guidance is designed to assist with the operation of the [Forced Marriage \(Civil Protection\) Act 2007](#) (the 2007 Act) and to ensure that the protections which the Act offers are widely promoted in Northern Ireland.

A Forced Marriage Protection Order (FMPO) issued under the 2007 Act offers protection to a victim from being forced into marriage. A FMPO may contain prohibitions, restrictions or requirements and any other such terms as the Court considers appropriate. An application for a FMPO can be made by a victim, a person obtaining the court's permission to apply for an order on behalf of the victim, a relevant third party, or by the Court itself. Breach of a FMPO is a criminal offence.

7.2.5 Honour Based Violence (HBV)

The term 'Honour based violence' is used to refer to a range of violent practices used to control behaviour within families or other social groups to sustain or promote perceived cultural and religious beliefs and/or honour. Such violence can occur when perpetrators perceive that a relative or another has shamed, or may shame, the family and/or community by breaking their 'honour code'. The punishment can include assault, abduction, restrictions of liberty, confinement, threats and murder.

Children, young people and adults can be victims of honour based violence. When an agency, organisation or practitioner suspects or believes that a child or young person is at risk of HBV they should take action commensurate with the perceived level of risk. If it is believed that there may be an immediate risk of HBV, an immediate report should be made to the PSNI. If the risk is not perceived to be immediate, the information should be passed to the local HSCT to enable a full assessment to be made in compliance with child protection procedures.

Where it is known to have taken place with children or adults, this information should be passed to the HSCT and or the PSNI to ensure that other children within the community affected are appropriately safeguarded.

7.2.6 Fabricated or Induced Illness (FII)

Harm may be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child. Fabricated or induced illness by parents or carers can cause significant harm to children. FII involves a well child being presented by a carer as ill or disabled, or an ill or disabled child being presented with a more significant problem than he or she has in reality and suffering harm or potentially suffering harm as a consequence.

7.2.7 Sexual Exploitation of Children and Young People

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/ or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

Sexual exploitation can range from opportunistic exploitation to more calculated, progressive and protracted exploitative behaviours. Abusers are often skilled in manipulating and exploiting young people, using affection, attention, treats, alcohol, drugs or just a place to 'hang out' or stay to gain and abuse a young person's trust; sometimes they may manipulate the young person into believing they are in an affectionate and consensual relationship. Frequently alcohol and drugs are provided to intoxicate and immobilise victims, making them more vulnerable to abuse. Alcohol and drugs are also used to create dependence and the perpetrators' control over victims. Frequently victims are subject to intimidation, threat and actual violence and/or threats or actual violence against their family or others they care about. Whatever the method of exploitation, the young person is being taken advantage of, exploited and abused through this controlling behaviour.

Online sexual exploitation of children and young people involves a range of offending which includes, but is not limited to, online grooming and can occur without a child or young person's knowing they are being targeted. The [Parents Against Child Sexual Exploitation website](#) provides helpful information describing the gradual, phased and progressive stages of grooming wherein the intent to exploit is ever-present and the pattern of increasing control evident. It also provides a range of useful advice to assist professionals to work collaboratively with parents/carers to help them protect children and young people from sexual exploitation.

Sexual exploitation can also involve children or young people being trafficked, within and across domestic and international borders, to engage in sexual

activity with multiple perpetrators. While some children and young people may be more vulnerable, victims of sexual exploitation often have no obvious vulnerability factors and are not otherwise known to services, agencies or organisations. A child or young person may not see themselves as a victim of sexual exploitation, and in these circumstances is unlikely to disclose information voluntarily or may be difficult to engage. This may be as a result of threat, intimidation, fear of exploiters, loyalty to perpetrators, a negative perception or fear of authorities, or simply a failure to recognise that they have been exploited.

Sexual exploitation may also involve more than one abuser and a number of victims. Sexual exploitation can take many forms and victims and perpetrators can be from any social or ethnic background. All agencies, organisations and practitioners should be aware that no single feature can define sexual exploitation of children and young people. They should ensure that they keep abreast of developing knowledge in other areas, have an up-to-date understanding of patterns of sexual exploitation in their area and recognise that the ways in which children and young people are exploited is constantly evolving. In doing so, it may be helpful to refer to guidance developed by the Department for Education in England, which includes further detail on the characteristics of child sexual exploitation and potential indicators of risk. This is available at <https://www.gov.uk/government/publications/child-sexual-exploitation-definition-and-guide-for-practitioners>.

If any information is received by any agency, organisation or practitioner which suggests a young person is being sexually exploited, or at risk of sexual exploitation, the Regional Child Protection Policy and Procedures must be complied with. A report should be made to the relevant HSCT or PSNI and a child protection investigation should be conducted in compliance with the requirements of the [Joint Protocol](#). The PSNI must be involved as early as possible in the investigative process to ensure any evidence that may assist prosecution is not lost, and to enable a disruption plan to reduce the victim's contact with the perpetrator(s) and reduce the perpetrator(s) control over the victim(s) to be put in place without delay. Once concerns have been reported, the HSCT and the PSNI must ensure that urgent action is taken to protect the child and safeguard the child from any continuing risk of harm.

Professionals must plan how to sensitively approach young people who have been sexually exploited or may be at risk of sexual exploitation to try to gain their trust and commitment, ensuring that no child or young person is left in an exploitive situation, as efforts are made to establish trust. Professionals must recognise that children and young people who are victims of sexual exploitation face huge risks to their physical, emotional and psychological health and they may need to be supported to withdraw from the exploitative

situation. Early authoritative intervention may be required to protect a young person and remove him/her from situations or environments where they may be vulnerable to exploitation. Young people must have access to the help and support they require to recover from the trauma of their exploitation, including providing for any health needs they have and to develop resilience to avoid a repetition of the exploitation. Professionals should be mindful that the process of supporting young people in their recovery may take some time and that their parents / siblings may also need support. Providing support to children, young people and families to overcome the trauma of child sexual exploitation requires inter-agency and multi-professional commitment and time.

The **commercial sexual exploitation of children** involves the use of a child or young person in sexual activities for gain usually by adults. It is irrelevant whether or not it is perceived that the child or young person has willingly entered a commercial 'arrangement' with the perpetrator; it is still sexual exploitation and abuse. Commercial sexual exploitation may involve some level of organised abuse, where an adult uses a position of power to coerce the child or young person into commercial sexual exploitation. This may involve the misrepresentation of an enticement or 'reward' or benefit for the child or young person, but this is not always the case. Offences associated with commercial sexual exploitation of children are contained within the Sexual Offences (Northern Ireland) Order 2008.

7.2.8 Abusive Images of Children

The production of abusive images of children can involve contact sexual abuse of children and/or the manipulation of innocent images, including video, film or photographic data. Such images are often distributed for sexual gratification and sometimes for financial gain. Modern technology has become a key mechanism for distributing abusive images of children and/or young people. Where abusive images or images intended for sexual gratification are identified as that of a child or young person, this must be referred to the Gateway Service in the relevant HSCT and/or the PSNI in accordance with section 6 of this policy. It is important that appropriate action is taken to ensure a child or young person is protected and supported and is safe from further harm. The PSNI will take appropriate action to ensure that any criminal activity is investigated and prosecutions sought where necessary.

7.2.9 Risks of Misuse of Digital Technologies

Young people use e-technologies extensively from an early age. While it is clear that technology offers children unprecedented opportunities to learn, communicate, create, discover and be entertained in a virtual environment, there are some inherent risks. Whilst most children and young people's confidence and competence in using technologies is high, their knowledge and understanding of the risks associated with its use may be low.

Children and young people need to be facilitated and encouraged to develop safe and responsible online behaviours as this provides the best defence for keeping them safe online. They should be provided with education and guidance in developing their own set of responsible behaviours. Schools and colleges must incorporate online safety into their e-technology curriculum and support children and young people in the safe use of all forms of e-technology. Parents and carers and those who provide services to/for children and young people should make themselves aware of:

- the different ways children and young people interact with technology and get online;
- what children and young people are doing online i.e. creating content as well as consuming it;
- the importance of developing good risk awareness by children and young people, parents and carers;
- the potential for online bullying and the indicators that a child or young person may be being bullied online;
- practical tips for e-safety in the home e.g. using filters and favourites, creating appropriate user profiles;
- consider activities to raise awareness amongst young people about the safe use of e-technology.

Organisations which engage with children and young people using e-technology should have a specific e-safety policy in place which has been made available to parents and young people. This should outline how the organisation mitigates against risk of harm and help ensure as far as possible that children and young people engaging with the organisation online are kept safe when doing so. All staff and volunteers who have contact with children should promote the safe and responsible use of technology in its many forms. All staff and volunteers should know how to respond if a child directly divulges an e-safety incident and how to escalate it appropriately.

When someone is suspected to have used e-technology in a way that may cause harm to a child or to children generally, this must be referred to the HSCT Gateway Service or the PSNI, who will consider if the [Joint Protocol](#) should be invoked, or the Regional Child Protection Policy and Procedures. As well as taking direct action to ensure the safety and protection of the child and young person in question, the HSCT or the PSNI must consider whether the individual might be involved in the abuse of other children and take appropriate action.

Children and young people who generate and share sexually explicit images of themselves or others need to be aware that they are committing a criminal

offence under [Article 20 of the Sexual Offences \(Northern Ireland\) Order 2008](#). This is sometimes referred to as 'sexting' and involves the exchange of self-generated sexually explicit images, through mobile picture messages or webcams over the internet. By sending an explicit image, a young person is producing and distributing child abuse images and risks being prosecuted, even if the picture is taken and shared with the permission of the child or young person. 'Sexting' can also refer to written messages.

It is important that children and young people are aware that sharing sexually explicit images is illegal and they understand what to do if they receive or someone asks them to share a sexually explicit image or message. Children and young people also need to be made aware of where and who to go to for support if they are being coerced or pressurised to upload, post or share such images or messages and what to do if they are worried or if things go wrong.

7.2.10 Abuse by a Person in a Position of Trust

Abuse can be perpetrated by adults working in a position of trust, either in an employed or voluntary capacity, in a variety of settings or within an organisation that has responsibility for, or provides services or activities, for children.

In cases where abuse by a member of staff or a volunteer is suspected, the organisation should comply with the guidance as outlined in section 6 of this policy to ensure that suspicions of abuse are properly reported and investigated in compliance with the Regional Child Protection Policy and Procedures and that all necessary actions can be taken by the agency that employs the member of staff or uses the services of a volunteer. Organisations must consider whether action is necessary to ensure that person does not have unsupervised access to the children or young people during the course of the investigation. It would normally be appropriate for the staff member to be placed on precautionary supervision either on the grounds of the possibility of the alleged abuse recurring, or concern that their presence might interfere with the investigation. In most cases, there will be both an internal investigation into whether abuse has occurred and if so how the abuse has occurred, and a criminal investigation by PSNI.

Although organisations have a responsibility to consider the need for disciplinary action and to identify any learning points which could prevent similar events in the future, the PSNI investigation takes precedence and PSNI must be consulted to ensure that nothing is said or done internally which would hinder or undermine a criminal investigation. The initiation of disciplinary proceedings should not rely on a successful prosecution by the PSNI. The fact that the alleged abuser has not been prosecuted or has been found not guilty

in court proceedings does not mean that disciplinary proceedings are not necessary or feasible.

Referral must be made to the Disclosure and Barring Service (DBS) in accordance with the [Safeguarding Vulnerable Groups \(Northern Ireland\) Order 2007](#). The [DBS website](#) provides further information on checks, referrals and barred lists. If an organisation is aware that a member of staff it has suspended also works with children for another organisation, either as an employee or volunteer, it should give due consideration to sharing relevant information to ensure that children are protected in another setting and the other organisation is afforded the opportunity to take any action necessary.

7.3 Children / Young People with Increased Vulnerabilities

7.3.1 Looked After Children (LAC)

In consultation with other agencies and professionals, a HSCT may determine that a child or young person's welfare cannot be safeguarded if they remain at home. In these circumstances, a child may be accommodated through a voluntary arrangement with the persons with [parental responsibility](#) for the child or the HSCT may make an application to the Court for a **Care Order** to place the child or young person in an alternative placement provided by the Trust. The HSCT will then make arrangements for the child to be looked after, either permanently or temporarily.

HSCTs have a duty to act as a 'corporate parent' in respect of looked after children and must ensure that the child or young person's needs are met, including their need for protection from harm or risk of harm the child may face while in care. HSCTs must remain alert to opportunities for harm to occur to looked after children, and take appropriate and timely actions to mitigate or remove any risk of harm occurring. Each Review of Looked After Child - Review of Arrangements Meeting (LAC Review) must consider the child's protection needs, and take any further steps or put appropriate measures in place to protect the child from harm. Social workers visiting looked after children should be alert to the possibility of abuse occurring within all care placements. Regulations require that a social worker should see a child alone. Social workers must regularly ask children in kinship care, foster care and residential care about their experiences', encourage them to talk openly and must keep a written record of those discussions. All children in the care of HSCTs in Northern Ireland should be advised that they are entitled to the support of an Independent Advocate should they wish to avail of this. The views of the child and the Independent Advocate should inform the LAC Review meeting.

HSCTs must ensure that the care placements they provide actively develop the emotional wellbeing and psychological needs of children and young people to help them develop resilient and positive relationships and enable them to build a stable home life after care. Where necessary, early contact should be made with colleagues in adult services to ensure appropriate transition planning and continuity of care where required, and to allow an adult assessment of need to be undertaken after leaving care, where this is deemed necessary.

The HSCT must support foster carers, kinship carers and residential social work staff in their role in caring for a looked after child. They must provide appropriate training and guidance to foster carers, kinship carers and residential social work staff in relation to how they should address any risks to children in their care and ensure consistency of care for all looked after children.

7.3.2 Protection of Looked After Children

When a referral of a child protection nature, which relates to a looked after child, is received by a HSCT Gateway Service the referral will pass from Gateway to the designated social worker(s) responsible for the looked after child, who is required to ensure that the inquiries required by [Article 66 of the Children Order](#) are made and the Regional Child Protection Policy and Procedures are complied with. The decision in relation to the management of a looked after child's needs must be taken in compliance with Protecting Looked After Children Guidance.

At the point where a decision would normally be taken in relation to whether a Child Protection Case Conference should be convened, a decision must be taken by a social work manager (at an appropriate senior level) as to whether the child's protection needs can be managed within the **Looked After Child Review of Arrangements (LAC Review)** process in compliance with the Protecting Looked After Children Guidance or whether a specific Child Protection Case Conference needs to be convened.

[The Review of Children's Cases Regulations \(Northern Ireland\) 1996](#) and the [Arrangements for Placement of Children \(General\) Regulations \(Northern Ireland\) 1996](#) prescribe how HSCTs must manage the review of looked after children's cases. The regulations make provision relating to:

- The time and manner in which cases should be reviewed;
- Considerations such as participation and requirements of attendance at LAC Review meetings; and
- Arrangements for implementation of decisions and actions arising out of reviews; and

- Monitoring and recording information in respect of LAC Reviews.

It is important that children, young people and their parents and/or others with parental responsibility for the looked after child participate in the review but they should not be subjected to unnecessary and duplicating bureaucratic processes. Safeguarding and promoting the welfare of the child or young person, should remain a primary focus of professional involvement, throughout the review process. Their views should be taken into account in the course of the review unless it is not reasonably practicable to do so.

When a child whose name is included on the Child Protection Register becomes looked after, the HSCT will seek to manage their safeguarding needs within the LAC Review process and ultimately remove the child's name from the Child Protection Register. **However this will only be done after all necessary protection planning is in place within the care planning process as required by the regulations.**

7.3.3 Children / Young People Who Go Missing

Children and young people who go missing come from all backgrounds and communities and are known to be at greater risk of harm. This includes risks of being sexually abused or exploited although children and young people may also become homeless or a victim or perpetrator of crime. Those who go missing from their family home may have no involvement with services as not all children and young people who run away or go missing from their family home have underlying issues within the family, or are reported to the police as missing.

The patterns of going missing may include overnight absences or those who have infrequent unauthorised absences of short time duration. When a child or young person returns, having been missing for a period, parents and or others with care or responsibility for them should be alert to the possibility that they may have been harmed and to any behaviours or relationships or other indicators that children and young people may have been abused.

Professionals should work in partnership with others providing care, including parents, kinship carers, foster carers and residential care staff and the children and young people themselves, to understand and address the underlying factors which are driving the behaviour resulting in them going missing. Professionals should intervene early and collaborate with parents and others providing care to ensure effective prevention strategies are developed and to put into place strategies to reduce any risks of harm occurring to children and young people who run away or go missing. This involves providing an appropriate and proportionate response and or completing a risk assessment in each situation.

The involvement of the PSNI may not always be the appropriate or proportionate response. [The Runaway and Missing from Home and Care – Missing Children Protocol \(June 2015\)](#) must be followed by police officers, social workers, staff within children's homes and social workers linked to foster care in the management of safeguarding and child protection in these circumstances. The guidance applies to children and young people who go missing from home, those living away from home and young people living in supported accommodation.

Children and young people living in care who go missing are a particularly vulnerable group and may be at risk of harm, including abuse by their peers. Kinship carers, foster carers and residential social workers should strive to know the whereabouts of the children in their care at all times and take all reasonable actions to attempt to keep them safe.

It is essential that all judgments and decision-making in relation to risks posed to children and young people who go missing are informed by the information from 'return from missing' and 'safe and well' interviews conducted respectively by HSCTs and PSNI when a child/young person has returned from being missing. Professional judgement based on an informed assessment of the risks associated with the unauthorised absence will determine those incidences that should be reported to PSNI.

7.3.4 Young People in Supported Accommodation

Practitioners should be aware of and adhere to additional guidance for young people leaving care and those living in supported accommodation provided in Leaving Care Services in Northern Ireland (2012), [Standards for Young Adult Supported Accommodation Projects in Northern Ireland \(2012\)](#), and [Minimum Standards for Supported Lodgings for Young People and Young Adults in Northern Ireland \(2016\)](#).

7.3.5 Young People who are Homeless

Young people who are **homeless** may be at risk of harm, and HSCTs must give priority to early and comprehensive needs and risk assessments and the provision of appropriate support. Good communication and effective inter-agency work is essential to ensure homeless young people are offered co-ordinated and consistent support through the NIHE and HSCTs.

7.3.6 Private Fostering

Anyone who is involved in, or is considering becoming involved in, a [private fostering](#) arrangement has a legal duty under Regulation 6 of the [Children \(Private Arrangements for Fostering\) Regulations \(Northern Ireland\) 1996](#) to notify a local HSCT area regarding any child under the age of 16, or 18 if the

child is disabled, living with an adult or adults outside of their family for more than twenty-eight days. A review of the proposed placement must then be made by the relevant HSCT to ensure there are no safeguarding issues arising from the arrangement and that the arrangements are appropriate to meet the child's wider needs. The DoH Circular '[Children Living with Carers in Private Fostering Arrangements](#)', provides further guidance and responsibilities for those engaging in private fostering arrangements.

All boarding schools must have a policy in relation to pupils who remain in Northern Ireland and stay with other families (or teachers) outside of term time, and adhere to private fostering arrangements regulations as outlined above.

7.3.7 Domestic Violence and Abuse

Domestic violence and abuse can have a profoundly negative effect on a child's emotional, psychological and social well-being. A child does not have to directly witness domestic violence to be adversely affected by it. Living in a violent or abusive domestic environment is harmful to children. Children can witness domestic violence and abuse directly and indirectly between their carers and/or the effects of it; this frequently constitutes emotional abuse and can have profoundly damaging effects on a child's or young person's well-being. Young people may experience domestic violence and abuse in their own relationships.

Agencies and organisations must, as a matter of priority, follow up instances where a disclosure, concern or information is revealed from any source, including from a child or young person, about domestic violence and abuse which could impact children and / or young people either directly or indirectly. Where there is evidence or reasonable suspicion of domestic violence and abuse in a household where children or young people reside, this must be referred to HSCT Gateway Service. Any immediate action necessary to safeguard children and young people should be taken without delay.

Where a Multi Agency Risk Assessment Conference (MARAC) is convened, the HSCT must participate to ensure a specific protection response for children and young people who are at risk of harm due to domestic violence and abuse. Practitioner resources, such as protocols, template packs and toolkits for Chairs, Coordinators and Administrators of MARACs in Northern Ireland can be accessed through the [Safe Lives](#) website.

When responding to any incidents of domestic violence and abuse, the PSNI must establish whether there are any children living in the household and, if so, notify the relevant HSCT. Where a child is in need for immediate protection this must be provided.

7.3.8 Children of Parents with Additional Support Needs

Children and young people can be affected by the disability of those caring for them. Parents, carers or siblings with disabilities may have additional support needs which impact on the safety and wellbeing of children and young people in the family, possibly affecting their education or physical and emotional development. It is important that any action taken to safeguard children and young people at risk of harm in these circumstances encompasses joint working between specialist disability and children's social workers and other professionals and agencies involved in providing services to adult family members. This will assist in ensuring the welfare of the children and young people in the family is promoted and they are safeguarded as effectively as possible.

Where it is known or suspected that parents or carers have impaired ability to care for a child, consideration should be given to the need for a child protection response in addition to the provision of family support and intervention. The following guidance provides information and best practice principles for practitioners working with families to safeguard children and young people where parents or carers experience mental health problems:

- [Guide to Understanding the Effects of Parental Mental Health on Children and the Family;](#)
- [Rapid Response Report: Preventing Harm to Children from Parents with Mental Health Needs;](#) and
- [Think Child, Think Parent, Think Family: A Guide to Parental Mental Health and Child Welfare.](#)

Practitioners working in adult services should be alert to the potential detrimental impact of parental problems such as, alcohol and substance misuse on children's welfare, and consider these difficulties as a matter of routine practice when working with adult service users who have parenting responsibilities. All those working with adults who are abusing substances must have well understood referral mechanisms in place and implemented to enable concerns about a child's welfare to be passed to the relevant HSCT Gateway Service.

In circumstances where parents or carers are abusing and/ or misusing substances such as alcohol or drugs, including illegal or prescribed drugs and 'legal highs', and their ability to care for a child is impaired, consideration should be given to the need for a child protection response. All agencies, organisations and professionals must take into consideration any substance and alcohol misuse by parents when assessing parenting competence and the needs of, or risks to, any child.

The [Regional Joint Service Agreement protocol for Hidden Harm](#) provides guidance and information for practitioners in terms of responding to the needs of children and young people in circumstances where there is parental alcohol or substance misuse. In addition, the '[Opening our eyes to hidden harm](#)' booklet provides guidance and information for professionals working with young people.

7.3.9 Separated, Unaccompanied and Trafficked Children and Young People

Separated children and young people are those who have been separated from their parents, or from their previous legal or customary primary caregiver. **Unaccompanied** children and young people are those seeking asylum without the presence of a legal guardian.

Separated and unaccompanied children, who are without an adult to exercise parental responsibility for them, are exposed to greater risk of harm. In all cases separated and unaccompanied children and young people should be treated as 'children in need' and the relevant HSCT should undertake a comprehensive assessment of their needs, including any safeguarding needs as a matter of urgency.

Consideration must also be given to the possibility that a separated or unaccompanied child or young person may be a victim of human trafficking. **Child trafficking** is the recruitment, transportation, transfer, harbouring or receipt of a child or young person, whether by force or not, by a third person or group, for the purpose of different types of exploitation. This includes sexual exploitation, exploitative domestic servitude, enforced criminal activity or the removal of organs.

Where it is suspected the child or young person may be a victim of human trafficking, the joint DoH / PSNI guidance [Working Arrangements for the Welfare and Safeguarding of Child Victims of Human Trafficking](#) should be adhered to. A multi-agency and multi-disciplinary plan should be drawn up which sets out how any assessed needs, including any protection needs, of the separated or unaccompanied child are met.

As soon as a child or young person is identified as separated, unaccompanied and/or trafficked, the HSCB must arrange for the appointment of an Independent Guardian in accordance with [Section 21 of the Human Trafficking and Exploitation \(Criminal Justice and Support for Victims\) Act 2015](#). The Independent Guardian is responsible for supporting the child and advocating on his / her behalf until such times as their long term care arrangements are determined and may continue into leaving care and aftercare arrangements. It is essential that such children and young people are afforded appropriate

support and advice, including bespoke legal advice to assist with an asylum application.

An age assessment may be required when a young person is identified as separated or trafficked and their age is uncertain. HSCTs should conduct a thorough age assessment compliant within the [‘Merton’ guidelines](#) to determine whether that individual will be considered as a young person, or as an adult.

7.3.10 Children/Young People with Disabilities

Children and young people with disabilities may be more vulnerable to abuse because they may:

- find it difficult to tell others what is happening;
- have reduced capacity to resist or avoid abuse because of developmental age or incapacity;
- lack knowledge about sex and sexuality;
- be assumed to lack credibility as witnesses;
- receive intimate personal care which may both increase the risk of abusive behaviour, and make it more difficult to set and maintain physical boundaries;
- have fewer outside contacts;
- be especially vulnerable to bullying and intimidation; or
- be more frequent users of the internet.

Generalised assumptions can be made regarding children with disabilities that can increase their vulnerability to harm, such as an assumption that they will not engage in sexual activity or relationships or that certain behaviours are displayed due to their disability. Additional forms and indicators of abuse caused to children and young people with disabilities may include rough handling, use of unjustified restraint, deprivation of food, misuse of medication, invasive procedures against the child or young person’s will, deliberate failure to follow medical recommendations, use of unsuitable equipment, undignified age or intimate care practices. [Intimate Care Policy and Guidelines](#) are available to assist staff working with children and young people.

Individuals and organisations working with children with disabilities should be aware of any vulnerability factors associated with risk of harm, and any emerging child protection issues. They must be aware that communication difficulties can be hidden or overlooked making disclosure particularly difficult. HSCTs and agencies and organisations working with children with a disability must ensure their staff and volunteers receive training to enable them to identify and refer concerns early, to allow preventative action to be taken. Professionals working with children with disabilities must ensure they consider

the impact of the disability on that particular child, to ensure that the child's needs are effectively understood and that the child is effectively safeguarded from risks of harm which may occur.

Child protection investigations in respect of children or young people with disabilities should include joint working between social workers and other professional staff and practitioners with expertise in child protection and expertise in the child's disability. Particular attention should be given to the child or young person's preferred communication method.

7.3.11 Lesbian, Gay, Bi-sexual or Transgender Young People (LGBT)

Young people from the LGBT community in Northern Ireland may face particular difficulties which could make them more vulnerable to harm. These difficulties could range from intolerance and homophobic bullying from others to difficulties for the young person themselves in exploring and understanding their sexuality. At such times young people may be more vulnerable to predatory advances from adults seeking to exploit or abuse them. This could impede a young person's ability or willingness to raise concerns if they feel they are at risk or leave young people exposed to contact with people who would exploit them.

Professionals working with young people from the LGBT community should support them to appropriately access information and support on healthy relationships and to report any concerns or risks of abuse or exploitation.

7.3.12 Pre-birth Risk

Where there is concern that an unborn baby may be at risk of significant harm during the pregnancy or after birth a **pre-birth risk assessment** should be completed. HSCTs may develop a Child Protection Plan to be implemented immediately after the baby's birth. It is important that other professionals and agencies who have prior knowledge of or engagement with prospective parents, contribute as fully as possible to the assessment of potential risks to the unborn baby. It is particularly important that professionals who will be involved in the baby's immediate care after birth contribute.

7.4 Children / Young People's Behaviours

7.4.1 Peer Abuse

Children and young people may be at risk of physical, sexual and emotional bullying and abuse by their peers. Such abuse should always be taken as seriously as abuse perpetrated by an adult. Where a child or young person has been harmed by another, all professionals should be aware of their responsibilities in relation to both children and young people who perpetrate

the abuse as well as those who are victim of it and contribute to an inter-disciplinary and multi-agency response.

Professionals should also be alert to the possibility that a child or young person who has harmed another may also be a victim. The interests of the identified victim must always be the paramount consideration and professionals should also be alert to the fact that other children and young people in the environmental setting could be at risk. Although this does not relate exclusively to those children and young people living away from home, it may be particularly relevant in a looked after children setting.

Staff and volunteers working with children, including carers of children living away from home need to be able to identify and respond to abusive and exploitative peer relationships. Abusive sexual behaviours can be misinterpreted as 'normal' between young people and professionals and agencies should not develop high thresholds before taking action.

Evidence suggests that children and young people who abuse others may have suffered considerable disruption in their lives, been exposed to violence within the family, may have witnessed or been subject to physical or sexual abuse, have problems in their educational development and may have committed other offences. Such children and young people are likely to be children in need and some will, in addition, be suffering, or at risk of suffering, significant harm and may themselves be in need of protection. Children and young people who abuse others should be held responsible for their abusive behaviour, including, when necessary, being held accountable through the criminal justice system, while being identified and responded to in a way that meets their own needs as well as protecting others.

Professionals should consider whether a young person who abuses others should be the subject of a Child Protection Case Conference if he or she is considered personally to be at risk of continuing significant harm. Where the decision is taken not to hold a Child Protection Case Conference a multi-agency assessment and response should be made to meet the young person's needs. This is particularly appropriate where there are complex issues relating to suitable educational and accommodation arrangements which may require skilled and careful consideration.

7.4.2 Harmful Sexual Behaviour

It is sometimes difficult to distinguish between normal childhood and adolescent sexual development and experimentation, and sexually inappropriate abusive or aggressive behaviour. Professional judgement may be required. There are a number of principles which should guide work with children and young people who engage in harmful sexual behaviour:

- the needs of children and young people who harm others should be considered separately from the needs of the person/s being abused;
- the child or young person engaging in harmful sexual behaviour should be held accountable for their actions, which may involve criminal prosecution. In determining accountability, attention should always be paid to the child or young person's age, developmental stage, level of understanding and the possibility that the perpetrating child or young person may have been encouraged into this behaviour by others, or been the subject of abuse him/herself;
- there should be a co-ordinated approach by HSCTs, the PSNI, PPANI, the PPS, victim support services and juvenile justice agencies. Schools and colleges may need to be involved as part of the co-ordinated response to provide education and awareness and so that relevant professionals from this sector can understand the risks the young person may pose to other young people. This co-ordinated response should include working with the young person whose behaviour has been harmful and those working with the child, young person who has been harmed;
- referrals received by HSCTs and PSNI relating to a child who has engaged in harmful sexual behaviour must trigger child protection procedures. Early authoritative intervention in cases of harmful sexual behaviour is crucial where children or young people abuse others, as this can help prevent the continuation or escalation of abusive behaviour.

7.4.3 Bullying

Bullying causes physical and/or emotional harm and can result in significant problems of low self-esteem, social isolation, anxiety and depression for the children and young people subjected to it. Bullying occurs in a variety of settings and can take place off and online. All settings in which children are provided with services or participate in activities must have rigorously enforced anti-bullying policies and procedures in place.

The [Anti Bullying Alliance](#) provides helpful resources and information for organisations and individuals working together to stop bullying and create safe environments for children and young people. The independent [Northern Ireland Anti-Bullying Forum](#) (NIABF) brings together over twenty-five regional statutory and voluntary sector organisations, all committed to tackling the bullying of children and young people in schools and in communities.

[Article 19 of the Education and Libraries \(NI\) Order 2003](#) places a responsibility on schools to have measures in place within their discipline policies to prevent and deal with bullying.

7.4.4 Self-harm

Self-harm encompasses a wide range of behaviours and things that people do to themselves in a deliberate, and usually hidden way, which are damaging. It may indicate a temporary period of emotional pain or distress, or deeper mental health issues which may result in the development of a progressive pattern of worsening self harm that may ultimately result in death by misadventure or suicide. Self-harm may involve abuse of substances such as alcohol or drugs, including both illegal and/or prescribed drugs.

Self-harming behaviours may indicate that a child or young person has suffered abuse; however this is not always the case. Practitioners who encounter young people engaging in self-harming behaviour should always consider carefully the reasons why a child or young person may be self-harming. For example a child or young person with communication disability or difficulties may attempt, by means of self harm, to communicate that they are experiencing abuse. Appropriate advice should be sought from appropriately qualified and experienced professionals including those in the non-statutory sector to make informed assessments of risk in relation to self-harming behaviours.

7.4.5 Suicidal Ideation

It is important that children and young people who communicate thoughts of suicide or engage in para-suicidal behaviours are seen urgently by an appropriately qualified and experienced professional, including those in the non statutory sector, to ensure they are taken seriously, treated with empathy, kindness and understanding and informed assessments of risk and needs can be completed as a matter of priority.

Schools, colleges and universities must maintain close working relationships with their local HSCT to facilitate a rapid response should a distressed young person be identified.

It is important that those who are listening to and engaging with the child or young person respond sympathetically in a non-judgemental or critical way. Further erosion of a young person's self esteem should be avoided as it may compound the negative feelings and behaviours which have brought the young person to a suicidal crisis.

8.0 INTER-AGENCY WORKING AND INFORMATION SHARING

8.1 Inter-Agency Collaboration

Effective safeguarding requires strong multi-agency collaboration, underpinned by effective, purposeful communication and information sharing. All professionals, volunteers and agencies involved in child safeguarding must have an understanding of each other's roles, duties, powers, responsibilities and values. They must work collaboratively on an inter-agency basis, and make best use of resources appropriately, in the best interests of children, young people and their families.

8.2 Information Management

Information management is a key part of effective inter-agency, inter-disciplinary working in relation to safeguarding and child protection. Failure to record information, understand its significance, share it in an appropriate, purposeful and timely manner and then take appropriate action can hamper the work of those tasked with keeping children safe. Information obtained by organisations in the exercise of their safeguarding and child protection duties may be personal information about a particular child, young person or adult, and therefore is governed by the common law duty of confidentiality and the [Data Protection Act 1998](#) (the DPA). The eight principles of the DPA state that personal information must be⁴:

- processed fairly and lawfully;
- processed only for purposes compatible with the reason(s) for which the information was originally obtained;
- adequate, relevant and not excessive for the purposes for which it is processed;
- accurate and kept up to date;
- not kept for longer than is necessary;
- processed in line with the rights of the data subject;
- held securely; and
- not transferred to other countries outside the EEA without adequate protection.

All organisations holding personal information for the purposes of safeguarding and protecting children and young people must have an information management policy in place which complies with the DPA and the [Human Rights Act 1998](#). Organisational policies must include procedures to be followed by staff and volunteers in relation to:

⁴ Adapted from https://ico.org.uk/media/for-organisations/documents/1068/data_sharing_code_of_practice.pdf

- information management, including recording of information, its secure storage, and how this can be accessed and by whom (see below);
- sharing information outside of the organisation for safeguarding purposes, and how requests for information are considered and assessed;
- subject access requests; and
- identified breaches of data protection within the organisation.

Guidance for the voluntary, community and faith sector organisations on the management of records and sharing of information is provided in [Getting it Right, Standards for Child Protection](#) published by Volunteer Now. [Good Management Good Records](#) provides guidance on the management of records for those working in the HSC.

8.3 Information Sharing

Information sharing for the purposes of safeguarding and child protection can play a key role preventing harm occurring in the first place. Information sharing is one form of data processing, and as such is covered by principles and requirements of the DPA. The Information Commissioner's Office (ICO) has published a statutory [Data Sharing Code of Practice](#) to assist organisations to comply with the DPA. The code is applicable to all organisations involved in sharing personal data, whether this is within different branches of the same organisation, or with another third party organisation.

An approach that emphasises the importance of the positive use of legislation in the interests of safeguarding and protecting children and young people should be taken within the parameters of the law. In circumstances where it may not be appropriate to seek consent (or explicit consent) with respect to a child or young person suspected to be at harm, data controller/s must ensure they are satisfied with which condition they are relying on to ensure lawful processing.

Organisations must have procedures for staff and volunteers on how to share information in compliance with the DPA and the ICO Code of Practice. Organisations who need to share information on a regular basis for child safeguarding and child protection purposes must develop good working relationships and effective channels of communication, where necessary, to identify key members of staff and contact points within the organisation through which information can be channelled, including out of normal working hours.

HSCTs must include information sharing arrangements within all contracts and service commissioning arrangements with third party organisations, e.g. with organisations commissioned to provide family support services. This must

include how information is managed by the third party organisation in compliance with the DPA and Human Rights Act 1998.

Information sharing, for child protection purposes, is critical. DoH will publish more detailed guidance relating to information sharing for child protection purposes, which will build on the policy advice contained in this document, and will replace circular HSS CC 3/96 (Revised) – Sharing to Safeguard – September 2008 – Amended May 2009. In the interim HSC bodies should adhere to the advice issued by the DoH Chief Social Work Officer on 16 May 2013 and 17 July 2014.

The SBNI is responsible for ensuring effective information sharing arrangements which includes information sharing agreements with and between its member organisations and key bodies (for example the PPS) and with other jurisdictions. This includes information regarding multi-agency training, lessons learned from Case Management Reviews, the dissemination of safeguarding policies and procedures and any other additional relevant information.

9.0. LEARNING AND DEVELOPMENT

9.1 Organisational Training

Learning and development must not be seen as a one off event, but a continuous process which requires the investment of time and resources within organisations to create a learning environment and a competent workforce. Each organisation must take responsibility to develop both knowledge and expertise in safeguarding and protecting children and young people, and seek to identify the most appropriate and relevant opportunities to develop the confidence, abilities and competence of staff and volunteers.

Organisations should strive to ensure their training programmes are up-to-date and cover issues of either critical or recent concern as there will always be emerging new and unique circumstances which will need to be responded to. Organisations should for example, encompass learning points from up to date research, best practice exemplars, Case Management Reviews undertaken by SBNI, and other forms of investigations or reviews which will help to ensure that decision-making in safeguarding children and young people is grounded in research and established learning. They should also reflect the reality of the frontline, that is what professionals are dealing with on a routine basis, and equip them to be able to deal with it.

9.2 SBNI Learning and Development Strategy

The SBNI will develop and keep under review a strategy for child safeguarding which takes account of single and multi-agency training including the planning, delivery, monitoring and evaluation of such training. The Strategy will provide a training framework with levels of training commensurate with the extent and nature of 'lived experiences' which children and young people face. The strategy will establish a benchmark for organisations that sets out the key minimum learning outcomes to equip staff and volunteers with the skills, knowledge and competence to promote the safety, protection and well-being of children and young people, within the remit of their roles and responsibilities.

The strategy will be implemented appropriately by all SBNI member agencies, other organisations providing services to a member agency under a service level agreement, and other organisations and individuals who come into contact with children and young people. It will also be relevant for those working with adults who are parents or have contact with children and young people through the course of their work.

9.3 Multi-agency Training

Organisations must promote multi-disciplinary and multi-agency training to facilitate mutual understanding of the roles and responsibilities of others in

safeguarding and protecting children and young people, and to ensure a consistent approach is taken to keeping children safe. Multi-agency training not only raises knowledge and understanding, but facilitates the building of strong working relationships which, in itself, improves individuals, organisations and agencies' ability to keep children safe.

Multi-agency training is particularly important within statutory organisations with statutory safeguarding and child protection duties. HSCTs and the PSNI should work together to facilitate multi-agency training on areas of common relevance. Similarly, staff in schools and in further and higher educational establishments should receive joint training with social care staff, as this will lead to a better shared understanding of the roles of each organisation and facilitate a consistent approach.

Multi-disciplinary training should be provided across the health and social care sector, including both children's and adult's services, so that there is clear understanding of roles, responsibilities and contributions within and across disciplines to the well-being and safeguarding of children and young people.

9.4 Professional Training

Professionals within and across sectors require varying levels of understanding and training on child safeguarding and child protection processes relevant to their specific profession and or discipline. For example, medical practitioners and nurses such as designated doctors/nurses, midwives named paediatricians, AHPs, education professionals such as designated teachers and police officers all require specific professional safeguarding training in respect of their individual roles.

Child	Defined in the Children (Northern Ireland) Order 1995 (the Children Order) 'as a person under the age of 18'
Children Order	The Children (Northern Ireland) Order 1995 (the Children Order) is the principal statute governing the care, upbringing and protection of children in Northern Ireland. It applies to all those who work with and care for children, whether parents, paid carers or volunteers.
Accommodated Child	A child is 'accommodated' by Health and Social Care Trust (HSCT) Children's Services after an investigation and / or initial assessment has been completed. The child is a looked after child within the meaning of the Children Order and consequently any of the duties relating to Article 25 apply to that child.
Care Order	Defined in Article 50 of the Children Order as 'an order (a) placing the child with respect to whom the application is made in the care of a designated authority; or (b) putting him under the supervision of a designated authority'. The order made by the court places a child or young person in the care of HSCTs Children's Services. In these circumstances the HSCT shares parental responsibility for the child / young person with the parents. The HSCT must find out the parent's wishes about any decision concerning the child or young person but they have the final say and can make plans for the child even if the parents do not agree.
Case Management Review	<p>A review which is carried out when a child has died or has been significantly harmed, and one of the following applies:</p> <ul style="list-style-type: none"> • Abuse or neglect of the child is known or suspected; • The child or a sibling is or was on the child protection register; • The child or a sibling is or was a looked after child; and • The SBNI has concerns about involvement of a member organisation in the child's case. <p>The review establishes lessons learned from the case, how those lessons will be acted on by professionals and statutory and voluntary agencies with the aim of improving inter-agency working and safeguarding.</p>
Child in Need Plan	A plan which is put in place where a child has been identified as a child in need as defined in Article 17 of the Children Order. The plan is usually drawn up following an assessment which identifies the child as having specific or complex needs and where a coordinated response is needed in order that the child's needs can be met. (See also Family Support Plan).
Child Protection Case	A meeting convened between HSCTs Children's Services,

Conference	children/young people and their parents/carers and other individuals, professionals or agencies, who are in contact with, or have knowledge to contribute regarding the child, young person and family members. This happens when a child or young person is considered to be at risk of significant harm. Those at the meeting share information, discuss the risk to the child/young person and decide what needs to happen to make sure they are safeguarded.
Child Protection Plan	A single inter- agency plan of action, managed and reviewed through case conference and meeting structures. After it is drawn up the case co-ordinator has responsibility for managing the plan.
Child Protection Register	A register of all children who are subject of a Child Protection Plan. It is a system for alerting practitioners that there is sufficient concern to warrant a Child Protection Plan. The Register contains information about the child to be used by those responding to the child's or family's needs.
Children's Home	A group home for 'Looked After Children' which is managed by professional staff.
Disguised Compliance	This involves a parent or carer giving the appearance of co-operating with child welfare agencies and others in order to avoid raising suspicions, to allay professional concerns and ultimately to defuse or obstruct professional intervention.
Emergency Protection Order	<p>Defined in Article 63 of the Children Order 1995 'where any person applies to the court for an order with respect to a child it is satisfied that there is reasonable cause to believe that that the child is likely to suffer significant harm'</p> <p>This power is designed for emergency situations when action is required to protect the child. An Emergency Protection Order lasts for up to eight days and can be extended by the court once for a further seven days. An EPO gives a HSCT the power to:</p> <ul style="list-style-type: none"> • Remove a child from home and take him into care; • Prevent a child from returning to the parent's care; • Exclude someone else from having contact with the child; • See the child without the parent's permission.
Family Group Conference	A meeting in which the wider family is involved in making plans for children who need support and often protection. It is a voluntary process and families agree to participate in the Family Group Conference process. Any FGC plan that is formulated must be agreed by the HSCT with case responsibility for the child's welfare.

	Families are assisted by an independent coordinator to prepare for the meeting. They get information from the social worker and other professionals about the child's needs and what will keep them safe. The family then meet on their own to propose a plan for their child/ren which takes account of any safety concerns explained by the social worker. The family should be supported to carry out the FGC plan, unless to do so would not be in the best interests of the child.
Female Genital Mutilation Protection Order	A civil measure which can be applied for through a family court which offers the means of protecting actual or potential victims from FGM.
Forced Marriage Protection Order	An Order offering protection to a victim from being forced into marriage or who is already in a forced marriage. The FM Protection Order may contain prohibitions, restrictions or requirements and any other such terms as the Court considers appropriate.
Family Support Hub	A multi-agency network of statutory, community and voluntary organisations that either provide early intervention services or work with families who need early intervention services.
Family Support Plan	<p>A plan which is put in place where a child or children within a family has been identified as needing extra support. The plan is usually drawn up following an assessment which identifies the child or children as having specific needs and where a coordinated response is needed in order that the child or children's needs can be met.</p> <p>The plan focuses on agreed outcomes and sets out the actions to be taken by the family, social workers and others from health, education, police and community and voluntary sectors to address needs identified. It includes an assessment on which to build a holistic picture of a family's circumstances, including areas of strength and resilience and areas requiring support. It takes account of the needs of each individual child and adults within the family and is developed in partnership with family members.</p> <p>The plan should provide sufficient information and analysis to set goals and measurable outcomes with the family and provide a lasting record of the work undertaken in order to achieve the goals set. It allows progress to be monitored and impact evaluated. (See</p>

	also Child in Need Plan)
Foster Care	When a child is looked after by a HSCT, they may be placed in foster care. Foster carers do not have 'parental responsibility' for the child. They offer the child a place in their home and provide the child with ongoing care and do what is reasonable to safeguard the child and promote their welfare.
Gateway Service	<p>The first point of contact with a HSCT for all new referrals to children's social work service with responsibility for:</p> <ul style="list-style-type: none"> • Ensuring that referrals are appropriately received and responded to promptly; • Linking with children and families to assess their needs and identify appropriate support services; • Ensuring immediate response to safeguard children in need of protection; • Co-ordinating action to ensure that children and young people receive ongoing social work and other professional support and services whenever they need it; and • Working closely with other agencies when required.
Joint Protocol	The Protocol for Joint Investigation by Social Workers and Police Officers of Alleged and Suspected Cases of Child Abuse (Northern Ireland) ('Joint Protocol') which must be used by police and Gateway / HSCT Children's Services to work together effectively through child protection investigations to ensure that the best interests of the child underpin every aspect of child protection work.
Kinship Care	When a child cannot live with his / her parents they may be placed in kinship care where they are looked after by other relatives or friends. Kinship care may include people who are not related to the child but who are still in the child's social network. For example someone the child knows well and trusts; a good neighbour, a parent of a school friend or a close family friend. Kinship care can be a private arrangement or formalised through a legal order.
Looked After Child	<p>The term used for a child who is being cared for or accommodated under Article 25 of the Children Order by a HSCT. When a child is looked after they may be:</p> <ul style="list-style-type: none"> • Placed with their parent / other person with parental responsibility; or

	<ul style="list-style-type: none"> • Placed with a relative, friend or other person connected with the child who is approved as a foster carer; or • Looked after in kinship or private fostering care arrangements; or • Placed in foster care or a residential unit.
Looked After Child Review	<p>When a child is a 'looked after child' their situation is regularly reviewed at LAC review meetings to:</p> <ul style="list-style-type: none"> • Review the care plan; • Ensure the child or young person's need are being met; • Make sure that suitable arrangements are in place for the child whilst they are looked after; • Ensure that the child is safeguarded effectively; • Discuss any changes since the last review; and • Consider whether decisions made then were acted on. <p>It is the time when parents and others (e.g. advocates) may raise issues or concerns, for example about where the child lives, who the child should have contact with, education or health matters and issues of ethnicity and / or religious observance.</p>
Parental Responsibility	<p>Defined in Article 6 of the Children Order as 'all the rights, duties, powers, responsibilities and authority which by law a parent of a child has in relation to the child and his property'</p> <p>In practical terms, it means the responsibility to care for a child and the right to make important decisions about the child, for example agreeing to medical/dental treatment.</p>
Placement	Where a child / young person lives while in care or when a child / young person is placed with prospective adopters by an agency.
Police Protection Order	Defined by Article 65 of the Children Order. A Police Protection Order allows the police to remove or retain a child for their own safety for up to seventy-two hours where a constable has reasonable cause to believe that a child would otherwise be likely to suffer significant harm
Regulated Activity	<p>The term is defined fully in Schedule 2 of the Safeguarding Vulnerable Groups (NI) Order 2007. Regulated activity in relation to children comprises, in summary:</p> <ul style="list-style-type: none"> • Unsupervised activities: teach, train, instruct, care for or supervise children, or provide advice/ guidance on well-being, or drive a vehicle only for children; • Work for a limited range of establishments ('specified places'), with opportunity for contact: e.g. schools, children's

	<p>homes, childcare premises. Not work by supervised volunteers;</p> <p>Work under i) or ii) is regulated activity only if done regularly. Personal care and health care for children are not subject to a frequency test and will therefore always be considered as regulated activity in relation to children.</p> <p>HM Government is publishing statutory guidance on supervision of activity that would be regulated if unsupervised:</p> <ul style="list-style-type: none"> • Relevant personal care, e.g. washing or dressing; or health care by, or supervised by, a professional; • Registered childminding; and foster carers <p>Anyone whose name is on the list of people who are barred from working with children held by the Disclosure and Barring Service must not engage in Regulated Activity.</p>
Residence Order	<p>Defined in Article 8 of the Children Order as 'an order settling the arrangements to be made as to the person with whom a child is to live' A residence order gives that person 'parental responsibility' for the child. It does not take away 'parental responsibility' from the child's parents. A residence order can last until the age of 16, but can be extended by exception through the Court.</p>
Separated Child	<p>Defined in the Article 21(11) of the Human Trafficking and Exploitation (Criminal Justice and Support for Victims) Act (Northern Ireland) 2015, as a child who:</p> <ul style="list-style-type: none"> • Is not ordinarily resident in Northern Ireland; • Is separated from all persons who <ul style="list-style-type: none"> (i) Have parental responsibility for the child: or (ii) Before the child's arrival in Northern Ireland, were responsible for the child whether by law or custom; and • Because of that separation, may be at risk of harm.

CPSS	Child Protection Support Service
CYPSP	Children and Young People's Strategic Partnership
DBS	Disclosure and Barring Service
DE	Department of Education
DoF	Department of Finance
DoH	Department of Health
DoJ	Department of Justice
EA	Education Authority
GAL	Guardian ad Litem
GP	General Practitioner
HSC	Health and Social Care
HSCB	Health and Social Care Board
HSCT	Health and Social Care Trust
ICSS	Independent Counselling Service for Schools
NCA	National Crime Agency
NI	Northern Ireland
NIGALA	Northern Ireland Guardian Ad Litem Agency
NIHE	Northern Ireland Housing Executive
NIPS	Northern Ireland Prison Service
NSPCC	National Society for the Prevention of Cruelty to Children
PBNI	Probation Board for Northern Ireland
PHA	Public Health Agency
PPANI	Public Protection Arrangements in Northern Ireland
PPS	Public Prosecution Service

PSNI	Police Service of Northern Ireland
RESWS	Regional Emergency Social Work Service
RQIA	Regulation and Quality Improvement Authority
SBNI	Safeguarding Board for Northern Ireland
UK	United Kingdom
YJA	Youth Justice Agency

REGIONAL CORE CHILD PROTECTION POLICY AND PROCEDURES – WHAT ARE THE MAIN DIFFERENCES?

The Core Policy and Procedures have been developed using the ACPC Regional Policy and Procedures and the DoH policy document Cooperating to Safeguard Children and Young People 2016. The Policy and Procedures are contained on an electronic platform.

The Core Policy and Procedures include the following:

Responding to Abuse and Neglect

Referrals

Child Protection Investigation

Understanding the Needs of Children in Northern Ireland (UNOCINI)

Child Protection Case Conferences

Child Protection Register

Appeal Process in relation to a Child Protection Case Conference

Management and Use of Information about Persons of Concern

What are the main differences?

General amendments to the Core Policy and Procedures:

- Children and young people at the centre of interventions.
- Include links to relevant documents, protocols and guidance.

- Reflect changes in practice, take cognizance of legislative changes, regional protocols and guidance.
- Takes account of issues relating to section 75 equality groups.
- Highlights the importance of consent and details principles of information sharing.
- Reflect current practice and terminology.

Specific Amendments to the Core Policy and Procedures:

Responding to Abuse and Neglect

- The categories/type of abuse includes Exploitation and changes in relation to Neglect in accordance with Cooperating to Safeguard Children and Young People 2016.

Referrals

- Additional information in regard to the making, receiving and outcomes of child protection referrals.

Child Protection Investigation

- Separate Policy and Procedure in relation the management of child protection investigations.

Understanding the Needs of Children in Northern Ireland (UNOCINI)

- Identifies UNOCINI Referral and Assessment Framework as the Regional platform to consider the needs of children and young people in need of protection.

Child Protection Case Conferences

- Prior to discharge of the child/young person a multi-disciplinary meeting/discussion should take place to share information which includes both hospital and community professional staff. A clear discharge plan with

arrangements in place to protect the child/young person's welfare on return to the community should be agreed by the multi-disciplinary team.

- Includes links to the Regional Pre-birth Risk Assessment and Expectant Mother UNOCINI Referral.
- The responsibility for convening a Child Protection Case Conference lies with the Health and Social Care Trusts and removes this responsibility from the NSPCC to reflect practice in Northern Ireland.
- Education representative for Initial Child Protection Case Conferences has been revised.
- The need to invite Independent Guardian for Separated Unaccompanied Child/Young Person, child victim or potential child victim of Human Trafficking or Modern Slavery once these are established.
- Professionals should inform the case co-ordinator if they have ceased involvement with the family/associated adult.
- Sharing Case Conference Reports increased to two working days.
- If a Child Protection Case Conference cannot proceed, those present must agree interim safeguarding arrangements to ensure that the child/young person is protected.
- The minutes of Child Protection Case Conferences will be distributed within 15 working days.
- Specific guidance around the sharing of information from the Case Conference with parents.
- Clearer guidance in relation to chairing Core Groups.
- Following deregistration any Child in Need family support plan agreed should be reviewed within 3 months.

Child Protection Register

- More detailed guidance regarding circumstances when children on the Child Protection Register move between Trusts and Jurisdictions.
- Reflect the changes brought about by the Electronic Care Record and access to the Register.
- Reflect the new process in relation to missing persons.

Appeal Process in relation to a Child Protection Case Conference

- A new improved Child Protection Case Conference appeals process. Any request to appeal the decision of a Child Protection Case Conference should be forwarded in writing to the Child Protection Case Conference Chairperson within 15 working days of the Child Protection Case Conference.

Management and Use of Information about Persons of Concern

- Information regarding Persons of Concern. This chapter ensures continuity with the arrangements and approaches in the PPANI manual of practice. Key elements of Sharing to Safeguard are included as well as judicial guidance in JR 57 on relevant considerations to be taken into account regarding the sharing of information. It also links with the child protection disclosure scheme which post-dates previous guidance. Note: there will be further reference to this section in the revision of DoH Guidance on information sharing.



Commissioner for **Older People**
for Northern Ireland

Home Truths:

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

JUNE 2018

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Home Truths:

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Dedication

This report would not have been possible without the valuable contributions of the families and friends of residents, both past and present, of Dunmurry Manor Care Home. Some relatives and families did not wish to be interviewed and it is hoped that this report does not cause distress for any family member with a relative in the home.

The experiences of those relatives who contributed, which in many cases were very difficult to re-live, are at the heart of this report. The investigation team found the testimonies both invaluable and powerful. It was very clear that the main priority of all those interviewed was the compassionate care and day-to-day wellbeing of their loved one.

Their experiences gave the team a clear sense of the lived experience of older people in Dunmurry Manor Care Home. This report is published for all of those who gave up their time and effort, contributing to the investigation in the hope that these events will never be repeated, both now and for future generations.

1.0 Commissioner's Foreword

"The true measure of any society can be found in how it treats its most vulnerable members."

Mahatma Gandhi



circumstances being reported to my office I came to the conclusion that this was a matter so serious that it was potentially affecting the everyday lives of more than 70 residents in Dunmurry Manor.

Regrettably, this report outlines a disturbing picture where there were many significant failures in safeguarding, care and treatment which led to many of the residents not receiving adequate protection for prolonged periods of time. It reveals a system that is disjointed and failing in its duty to provide the care and protection that residents of Dunmurry Manor were entitled to. It shines a light on a home where despite multiple concerns being raised repeatedly by families, care home staff, Health and Social Care (HSC) Trust employees and others, there was a slow and inadequate response from the authorities involved in ensuring that minimum standards of care were being met.

The report is entitled, *Home Truths* as it is my view that the investigation has uncovered the heartbreaking reality of the lived experience of the residents of Dunmurry Manor since it opened in 2014.

It is essential that the quality of care provided to older people living in care homes across Northern Ireland is maintained at a high level. These are some of our most vulnerable older people and it is inexcusable for standards to drop to levels that can put their wellbeing at risk.

This report outlines both the findings of my investigation into the standards of care received by residents of Dunmurry Manor Nursing Home (Dunmurry Manor) since it was set up in 2014 and a series of recommendations to improve the quality of care of older people residing in care homes.

I commenced this investigation after my office received a number of complaints and concerns. These came from both family members and former staff about what was happening in Dunmurry Manor and their concerns about the quality of care provided to older people there.

This is the first time my office has used its statutory powers of investigation to examine an issue and it was a decision I considered very seriously. After carefully reviewing the

findings of this investigation must be responded to as a matter of urgency. Not only that, but Government must advise which recommendations of this report it will implement and by when.

While I appreciate that no organisation likes to be under the spotlight of an investigation of this type, I was disappointed by the defensive and sometimes unhelpful nature of some of the relevant authorities. I believe that this investigation could have been concluded more quickly had some relevant authorities adopted a more co-operative approach from the outset.

Nevertheless, what is important now is that each relevant authority carefully considers the findings and recommendations emerging from this investigation and responds to me in a timely and constructive manner. This issue is too important to simply put on a shelf or commit to making plans further down the line. Many of the findings and recommendations must be addressed now and clear action plans put in place to show how progress can be made on the key issues.

I was pleased with many of the witness testimonies from people working in the sector during the course of the investigation who showed a genuine desire to change things for the better. This gives me some reassurance that those who put the needs of older, vulnerable people at the forefront of their minds will respond positively to these findings and develop a renewed vigour to tackle the challenges that exist and raise standards of care.

This investigation has revealed a culture where communication between the various authorities responsible for delivering care to older people is

It is vital that all the organisations responsible for providing care respond swiftly to the findings in this report to assure the public that it can trust in the care being provided to tens of thousands of older people across Northern Ireland.

My office previously issued a report in 2014, *Changing the Culture of Care Provision*, which made a number of recommendations to improve standards in care settings in Northern Ireland. These included recommendations to make the inspection process more rigorous, to introduce and implement clear sanctions, as well as specific adult safeguarding legislation and better protection for whistleblowers and improved complaints processes.

In the same year, the independent review report on the Cherry Tree Nursing Home in Carrickfergus also revealed serious shortfalls in the standard of care and the inspection regime. At the time, there were a number of public commitments made to bring about change and to implement a series of recommendations to prevent a repeat of this happening in the future.

Unfortunately, the response to these recommendations has been slow and disjointed, the result being that many of the failures identified in this investigation could have been prevented or at least managed better had the previous findings and recommendations been acted on more quickly and in full.

It is vital that we can have confidence in our health and social care system and this must include care provision in later life. If the public are to be reassured that those who live in care homes are receiving good quality care, 24 hours a day and 365 days a year, then the

fractured and confusing, which in turn leads to delays in taking necessary actions to ensure safety and good quality care.

There is a strong need to review the complaints processes and culture that exist in relation to care homes. Many people who gave evidence described a system of fear and helplessness where they believed that making a complaint was at best, pointless and at worst, counterproductive.

This must change.

We need to change the culture to one where there is a clear duty on all authorities to be open and honest with residents and their families in relation to the care of their loved ones no matter in what setting they find themselves.

The recent *Report of the Inquiry into Hyponatraemia¹ related Deaths* recommended a statutory duty of candour where every health and social care organisation and everyone working for them must be open and honest in all their dealings with their patients and the public. I fully support this call as it would help address some of the concerns emerging from this investigation.

This investigation coincided with the recent suspension of the devolved administration of Northern Ireland. The COPNI 2011 Act requires me to provide advice to the Secretary of State for Northern Ireland and to the Executive Committee of the Northern Ireland Assembly. I have provided this report to the Secretary of State for Northern Ireland, the Rt. Hon. Karen Bradley MP.

I have also provided a copy of the report to the Head of the Civil Service, in his capacity as Secretary to the Executive Committee.

I would like to thank my expert panel of advisers, Eleanor Hayes, Dr. Robert Peat and Professor John Williams for their invaluable input, expertise and dedication throughout the course of this investigation. Their insight and knowledge into nursing, regulation, safeguarding and human rights was key to the analysis of the evidence that emerged from the investigation and provided me and my team with confidence in reaching evidence-based conclusions.

Finally, I would like to pay special thanks to all the families and friends of residents of Dunmurry Manor, both present and past, for their generosity in providing evidence and for their patience and support in waiting to hear the outcome of the investigation. I am determined that your contribution will make a difference, not only for your loved ones, but for all older people living in care homes throughout Northern Ireland so that they will receive better care and protection in future.



Eddie Lynch

Commissioner for Older People for Northern Ireland

2.0 Executive Summary

Commissioner for Older People for Northern Ireland's Legal Powers and Duties

The Commissioner for Older People (Northern Ireland) Act 2011 (COPNI Act 2011) grants a range of powers and duties to the Commissioner to promote and safeguard the rights and interests of older people.

Prior to this investigation, the Commissioner relied on the more informal powers of advocacy and alternative dispute resolution when dealing with cases brought to his office.

In February 2017, the Commissioner exercised his discretion to commence a statutory investigation into specific matters affecting older people.

Background

Dunmurry Manor is a 76 bed residential and nursing home located in Dunmurry, Belfast, owned and operated by Runwood Homes Limited (Runwood). Specialising in dementia care, the home opened in 2014. In November 2016 the Regulation, Quality and Improvement Authority (RQIA) issued three notices of Failure to Comply which set out the actions required by Dunmurry Manor to achieve compliance with Nursing Home Regulations by early January 2017 i.e. a period of 90 days.

In December 2016, two families contacted the Commissioner's office in relation to concerns about their relatives' treatment in Dunmurry Manor and the lack of satisfactory response that they received in relation to their complaints. Within the same month, the Commissioner was also contacted by two former members of staff of Dunmurry Manor. Both whistleblowers alleged poor and unsafe practice within the home.

It was at this time that the Commissioner was invited to a public meeting convened by Community Restorative Justice Northern Ireland² to discuss concerns about Dunmurry Manor and other care homes in the area. At this meeting, the Commissioner's team listened to families' experiences, some of which alleged significant and serious failures of care. Furthermore, the three notices of Failure to Comply were not removed by the end of January 2017 (the 90-day period given under the RQIA's enforcement policy, to make improvements).

Before making the decision to commence an investigation, the Commissioner sought assurances, as required by the COPNI Act 2011, that no other organisation intended to or was better placed to conduct an investigation into Dunmurry Manor.³

¹ *The Inquiry into Hyponatraemia-related Deaths: Report*, January 2018

² Information about CRJNI <http://www.nicva.org/organisation/community-restorative-justice-ireland-central-office>

³ The full background and methodology of the investigation can be found in Annex I at the end of the report

Purpose

The purpose of the investigation was to seek evidence from past and present residents, their families and employees of Dunmurry Manor about their experience of the care and treatment provided there⁴. The Commissioner has examined the actions taken by the Relevant Authorities (RAs) including Dunmurry Manor and its parent company Runwood, the regulator (RQIA), the Department of Health (the Department) and the Health and Social Care Trusts (HSC Trusts) which placed residents in the home. The Commissioner welcomed evidence of both good and poor practice as well as other comments.

On the basis of the investigation findings the Commissioner has made a number of recommendations addressed to each of the RAs.

Findings of the Commissioner's Investigation into Dunmurry Manor

The investigation findings are deeply concerning and reflect an environment of poor care and treatment, serious safeguarding issues and medicines management issues, compounded by a failure of responsible bodies (RAs) to act quickly and comprehensively.

Evidence of physical and sexual assaults on female residents, residents leaving the home unnoticed and multiple instances of inhuman and degrading treatment were witnessed and reported.

Despite Dunmurry Manor being regulated against care home standards within a regime of regulation and inspection, harm still occurred. It became clear as the investigation progressed that none of the organisations involved were aware of the

full scale of the issues being experienced by residents in the home.

Within this report there are 61 findings across nine key themes:

- Safeguarding and Human Rights
- Care and treatment
- Medicines management
- The environment and environmental cleanliness
- Regulation and inspection
- Staff skills / Competence / Training and development
- Management and leadership
- Complaints and communication
- Accountability and governance

Recommendations

Older people in Northern Ireland and their families must be able to be confident that they can depend on the care that will be provided in a care home. Many families already find it extremely difficult to trust someone else to provide their loved one's care. Failures such as those found in Dunmurry Manor undermine public confidence making this decision even harder. The Commissioner must be satisfied lessons have been learnt. He seeks assurance that the legal framework, processes and procedures as well as the system of regulation and inspection, will undergo significant change.

The 59 recommendations made by the Commissioner are addressed to the RAs and pertain to the nine key themes of findings. The recommendations seek to improve care and bring about significant change within the system, in the hope that the level of failings found within Dunmurry Manor cannot be repeated.

Next Steps

In accordance with the COPNI Act 2011 there are a number of next steps that must be taken following publication of this report. The Commissioner will notify all of the RAs of the recommendations contained within this report. He will provide them with a period of three months to respond in accordance with the requirements of the COPNI Act 2011. The Commissioner will publish the RAs responses and his review of the response in due course.⁵

The Commissioner expects the RAs to address the findings and recommendations and to provide clear action plans on how they propose to take forward the necessary improvements without delay.

⁴ See Appendix 1 for full version of Terms of Reference

⁵ Section 4(1)-(5c) COPNI Act (Northern Ireland) 2011

3.0 The Expert Panel

The Commissioner appointed a panel of three experts to provide advice and guidance throughout all stages of the investigation.

The panel provided expertise on areas including older people's nursing care, regulation, inspection and commissioning of care, safeguarding older people and human rights.

Contacts in academia, the Royal College of Nursing and previous experts engaged by the Commissioner were asked for their advice regarding relevant experts who would be deemed to be sufficiently independent from the care system in Northern Ireland.

Each of the expert panel members appointed, possess relevant experience of implementing standards and procedures in a care home environment, in safeguarding and human rights law relating to older people, and experience of working in care home inspection and helping set regulation and inspection processes.

They are all independent of the RAs being investigated. The role of the expert panel in this investigation was to:

- Provide their definition of what constitutes 'good quality care', to inform the investigation interviews and the report
- Review the themes emerging from interviews
- Assist the development of the investigation process
- Identify key issues emerging from the investigation from their relative areas of expertise
- Review and advise on investigation findings and appropriate recommendations
- Provide expert guidance to the Commissioner throughout the investigation
- Advise on the drafts of the report and recommendations to the Commissioner

Expert Panel Members



Eleanor Hayes

RGN BSc. Nursing MSc.
(Nursing and Care)

Eleanor Hayes is a former Executive Director of Nursing in the Belfast City Hospital and Green Park Healthcare Trusts with over 40 years experience working within health and social care in Northern Ireland. She is a Registered General Nurse and has a MSc in Health and Social Care Management.

In 2007 Eleanor established Hayes Healthcare Consulting as an independent consultant and has been working since then within the public, private and voluntary sectors across Ireland. Her main focus of work has been in conducting service reviews, investigating serious adverse events and advising organisations in relation to their corporate governance activities. She was a member of the Public Inquiry panel which reported on the C. Difficile outbreak in the Northern HSC Trust in 2008. In 2014, she was a member of the panel which reviewed the actions taken in relation to concerns raised about the care delivered at Cherry Tree House, Carrickfergus.



Professor John Williams

Safeguarding and Human Rights

John Williams is a Professor of Law at Aberystwyth University. He is the author of many papers on the rights of older people, social care of older prisoners, the case for a public law on the protection of adults at risk, care home design and human rights, and international human rights and older people. He is the author of Protection of Older People in Wales: A guide to the Law, published by the Older People's Commissioner for Wales. He has presented papers at conferences including the American Bar Association, the British Psychological Society, the International Association of Law and Mental Health, the Irish-Scottish Forum, Action on Elder Abuse and the International Congress of Psychology and Law.

He is a regular presenter at Harvard Medical School's Program in Psychiatry and the Law. In 2012, he was appointed to the United Nations Panel of experts advising on international human rights and older people. He regularly advises the Older People's Commissioner for Wales on the rights of older people. John is one of the co-chairs of the Domestic Homicide Review Panels in Ceredigion and Pembrokeshire. John has been a trustee of Age UK and Age Scotland. He advised the National Assembly for Wales and the Welsh Government on the Social Services and Well-being (Wales) Act 2014.



Dr Robert Peat
Regulation, Inspection and Commissioning

Robert Peat graduated from the University of Strathclyde in 1980 with a BA in Sociology and Administration. He obtained his PhD from the University of Aberdeen in 1984.

Robert retired from the Scottish Care Inspectorate in May 2016 where he had worked for three years. He was the Director of Inspection and latterly the Executive Adviser to the Board of the Inspectorate.

A social worker for over 30 years, Robert's main career was in Local Government in the Tayside area of Scotland. He became Director of Social Work and Health with Angus Council in 2003 and from 2006 was also the Deputy Chief Executive of the Council, a role he fulfilled alongside his duties as Director of Social Work and Health. Robert left Angus Council in 2013.

Robert was appointed as a Non-Executive Member of NHS Tayside Board and took up this position on 1st January 2017. This is a 4 year appointment.

Each of the nine sections which follow outline conclusions, context (including legislation and standards), case studies and then findings and recommendations.

4.0 Findings: by Theme

4.1 Safeguarding and Human Rights

Conclusions: Safeguarding and Human Rights

The evidence gathered during the investigation supports the following conclusions:

- The most important theme emerging from the investigation, and one which covers a broad range of issues, is safeguarding. This theme is about the importance of protecting those most vulnerable in our society.
- Most of the residents in Dunmurry Manor were vulnerable adults at risk of harm as defined in the 2015 Adult Safeguarding Prevention and Protection in Partnership Policy (the 2015 Policy). Their personal characteristics and life circumstances resulted in their exposure to harm through abuse, exploitation or neglect being increased.
- Many of the residents in Dunmurry Manor were adults in need of protection. They were unable to protect their own wellbeing and rights, and the action or inaction of another person or persons, of the RAs under investigation, caused them to be harmed.
- The findings show that there was a clear and immediate risk of harm. Evidence gathered demonstrates this abuse materialised in the form of physical abuse, psychological abuse, institutional abuse and neglect.

Legislation and Standards

It is helpful to set the context for the findings and evidence by looking at the framework which governs the policy and practice in this area currently.

The adult safeguarding framework for Northern Ireland is found primarily in the 2015 Policy, issued by the then Department of Health, Social Services and Public Safety, (DHSSPS), and the Department of Justice.

Standard 13 of the Care Standards for Nursing Homes (April 2015) requires that residents 'feel safe and are safe in

the care of the home. Arrangements are in place to safeguard them and to protect them from harm...They are protected from all forms of abuse, neglect, exploitation, and serious harm – including online.' It also states that 'all incidents of actual, alleged or suspected abuse, neglect or exploitation are promptly reported in line with departmental policy on adult safeguarding.'

Unlike England, Scotland and Wales, there is no adult safeguarding legislation in Northern Ireland. Instead the protection of older people in Northern Ireland depends on the implementation

and interpretation of the 2015 policy document. The 2015 policy recognises that adult safeguarding is based on fundamental human rights, involving the need to focus intervention on promoting a proportionate, measured approach to balancing the risk of harm and respecting the adult's choices. It emphasises the importance of partnership working, and that safeguarding is the responsibility of a wide range of agencies, organisations, and individuals. The adult safeguarding policy recognises that adult safeguarding is 'principally the responsibility of Health and Social Care Trusts and the Police Service of Northern Ireland.'⁶ Some of the 2015 policy's aims are outlined below, including the need to,

'establish clear guidance for reporting concerns that an adult is, or may be, at risk of being harmed or in need of protection and how these will be responded to;

promote access to justice to adults at risk who have been harmed as a result of abuse, exploitation and neglect;' (p.7)

The 2015 policy defines 'adult at risk of harm' and 'adult in need of protection' as follows:

'An Adult at risk of harm is a person aged 18 or over, whose exposure to harm through abuse, exploitation or neglect may be increased by their:

a) personal characteristics

AND/OR

b) life circumstances

Personal characteristics may include, but are not limited to, age, disability, special educational needs, illness or physical frailty or impairment of, or disturbance in, the functioning of the mind or brain. Life circumstances may include, but are not

limited to, isolation, socio-economic factors and environmental living conditions.'

'An Adult in need of protection is a person aged 18 or over, whose exposure to harm through abuse, exploitation or neglect may be increased by their':

a) personal characteristics

AND/OR

b) life circumstances

AND

c) who is unable to protect their own well-being, property, assets, rights or other interests;

AND

d) where the action or inaction of another person or persons is causing, or is likely to cause, him/her to be harmed. (p.10)

The following definitions in the 2015 policy are used to describe the categories of harm:

Harm is the impact on the victim of abuse, exploitation or neglect. It is the result of any action whether by commission or omission, deliberate, or as the result of a lack of knowledge or awareness which may result in the impairment of physical, intellectual, emotional, or mental health or well-being.

Abuse is 'a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to another individual or violates their human or civil rights.'

Physical abuse is the use of physical force or mistreatment of one person by another which may or may not result in actual physical injury. This may include hitting,

pushing, rough handling, exposure to heat or cold, force-feeding, improper administration of medication, denial of treatment, misuse or illegal use of restraint and deprivation of liberty.

Psychological / emotional abuse is behaviour that is psychologically harmful or inflicts mental distress by threat, humiliation or other verbal/non-verbal conduct. This may include threats, humiliation or ridicule, provoking fear of violence, shouting, yelling and swearing, blaming, controlling, intimidation and coercion.

Institutional abuse is the mistreatment or neglect of an adult by a regime or individuals in settings which adults who may be at risk reside in or use. This can occur in any organisation, within and outside the HSC sector. Institutional abuse may occur when the routines, systems and regimes result in poor standards of care, poor practice and behaviours, inflexible regimes and rigid routines which violate the dignity and human rights of the adults and place them at risk of harm. Institutional abuse may occur within a culture that denies, restricts or curtails privacy, dignity, choice and independence. It involves the collective failure of a service provider or an organisation to provide safe and appropriate services, and includes a failure to ensure that the necessary preventative and/or protective measures are in place.

Neglect occurs when a person deliberately withholds, or fails to provide, appropriate and adequate care and support which is required by another adult. It may be through a lack of knowledge or awareness, or through a failure to take reasonable action given the information and facts available to them at the time. It may include physical neglect to the extent that health or well-being is impaired, administering too much or too little medication, failure to provide access to appropriate health or social care, withholding the necessities of life, such as adequate nutrition, heating or clothing, or failure to intervene in situations that are dangerous to the person concerned or to others particularly when the person lacks the capacity to assess risk.

A number of residents' families and former staff of Dunmurry Manor who were interviewed gave detailed examples of incidents and events which contributed to the safeguarding findings detailed later in this chapter. Anonymised case study examples taken from witness evidence are provided throughout the report to give some context for the scale of the investigation findings and the lived experience of residents in Dunmurry Manor over a period of time.

⁶ Page 4 of the ASG policy <https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/adult-safeguarding-policy.pdf>

Resident A

Resident A (Res A) was 88 years old and living with dementia. Res A had been living at home until hospitalised after a number of falls. Res A was discharged to rehabilitation and then assessed as requiring nursing care and was placed in the Dunmurry Manor nursing unit.

The family felt the home and particularly the nursing unit was busy and chaotic from the start. They noted the high turnover of managers (there were five during their relative's time in the home) and nursing staff. It was their experience that staff were regularly seen sitting in the dining room or lounge doing their paperwork. Buzzers were not answered. Res A's dentures and wedding ring went missing. Res A's family raised concerns about the personal care and continence support.

Res A suffered a number of serious incidents. The first was an injury caused by a fall which required 17 staples to Res A's head. The family stated that the then Manager asked them not to bring a formal complaint as lessons had been learnt.

Res A was then the victim of a suspected sexual assault by another resident followed shortly thereafter by another unwitnessed and unexplained incident when Res A was found lying on the floor of the other resident's room.

Neither incident was properly reported or dealt with to the family's satisfaction.

There were delays in notifying the PSNI and HSC Trusts' safeguarding teams after the first incident. There was a failure to place the alleged perpetrator under one-to-one supervision and/or close observation following the first suspected sexual assault. Dunmurry Manor failed to call an ambulance after the second incident and the family had to insist that this was done.

Although investigations have been conducted by both the HSC Trust and Dunmurry Manor following the second incident, the family remained dissatisfied by the delays and their experience of *"not being taken seriously"*. They remain of the view that their relative was not adequately protected on both a proactive and a reactive basis.

They believe management only acted when matters escalated to a point of *"crisis"* and that they had *"a hard fight"* to get the care their relative needed and deserved.

The family has compared and contrasted their relative's and their own experience of Res A's new care home as being dramatically different. The new care home is *"proactive"* and staff there have brought their loved one *"out of their shell"* doing *"little things"* to make them feel so much more content.

Resident R

Resident R (Res R) was a 72 year-old who had been living with dementia. They had previously resided in another care home and would walk from *"morning until night."*

Res R's relative first became concerned when they arrived at Dunmurry Manor with Res R and no one had received the message that they were arriving. A staff member asked *'what's [Res R] doing here?'* There were no documents prepared.

The relative soon had concerns in relation to continence care. They arrived to find a strong smell of urine. The relative found that Res R was soaked in urine. Res R was not wearing a pad and was soaked through their underwear, socks and shoes.

Res R was admitted to hospital in March 2016. It became apparent that their neck muscles had wasted and Res R remained in bed after that. This was only three weeks after their admission to Dunmurry Manor. The relative was told by hospital staff that Res R had a grade 2 pressure sore on her sacrum. This was the first time that the relative had been made aware of this information.

Res R returned to Dunmurry Manor and had a care review in October. A nurse examined Res R and found that the pressure sores were *"ungradable – they were down to the bone"*. The nurse said these were the worst pressure sores she had ever seen. When the sores were swabbed tests confirmed there was an E Coli infection present. Management was not aware that there was an E Coli outbreak in the nursing wing of Dunmurry Manor.

Morphine was prescribed for Res R. However, this was only given after their dressing was changed when Res R was already shaking with pain. Res R's relative was very concerned about the lack of pain relief given to Res R despite their *'very extreme pain.'* The relative remained concerned about pain relief right up until Res R passed away. The relative stated *'the week [Res R] passed away I was told that [staff member] would get a [syringe] driver that day. The district nurse had to come and show [the nurse] how to work it and come back the next day. Res R showed signs of pain that night and I asked that [staff member] who said Res R could have nothing else because they had a [syringe] driver. Spoke to [the GP] the next day and they said "no, [Res R] should have had something [for the pain]."*

The relative had to pick up Res R's newly prescribed medication despite repeated promises that it would be collected by staff. On one occasion the relative arrived to find a soiled continence pad about three inches

Resident R *(continued)*

from Res R's head, very close to Res R's face. The relative asked for a nurse to come and waited a further 20 minutes for someone to arrive.

Res R had been using an airflow mattress. This regularly stopped working and on occasions the relative found it switched off or unplugged. The relative was concerned as Res R was not wakened for food or drinks, their hair became increasingly dirty and their teeth were crusted-over.

When the relative asked why staff did not wash Res R's hair anymore they were told it was because Res R *"is bedridden"*. The relative tried to drip juice into Res R's mouth and described that Res R *"bit down on my finger as [Res R] was so thirsty."*

The relative also raised concerns as Res R was not kept at a 30 degree tilt or turned hourly (in line with the care plan). The relative asked about activities for Res R and a special chair to allow Res R to sit in the main area with other residents. This did not happen and Res R remained alone in their room.

Res R was struggling to breathe one evening and the relative asked for a nurse to assist. The relative described the nurse as *'fantastic'* but when he arrived with the oxygen tank and blood pressure cuff he realised the tank was empty and the cuff did not work.

Res R's relative stated that Res R was *"locked in a bedroom and left to die with no quality of life."*

The Implications of the European Convention on Human Rights

Under s.6 of the Human Rights Act 1998 it is *"...unlawful for a public authority to act in a way which is incompatible with a Convention right."* A public authority, for the purposes of the Act, is defined as *"any person certain of whose functions are functions of a public nature."* This definition includes the RQIA and the six⁷ Health and Social Care Trusts in Northern Ireland (HSC Trusts). Any legislation applying to these public bodies must be interpreted in a way *"which is compatible with the Convention rights."* This is regardless of whether the legislation was passed prior to the Human Rights Act 1998 or after its implementation. The application of the European Convention on Human Rights to RQIA and the six HSCTs is clear. In addition to the requirements of their parent legislation, the s.6 Human Rights Act 1998 duty applies.

The Commissioner is also a public authority, bound by the Human Rights Act 1998. In addition, s.2(3) COPNI Act 2011 requires the Commissioner to *"have regard"* to the United Nations Principles for Older Persons, adopted by the United Nations General Assembly in 1991. The United Nations Principles refer to Independence, Participation, Care, Self-fulfillment and Dignity. The Commissioner has had regard to these principles during this investigation.

The human rights duty of private bodies who provide residential, nursing or domiciliary care on behalf of bodies such as the six HSC Trusts in Northern

Ireland was clarified by s.73(1)(d) of the Care Act 2014⁸. Although primarily England based legislation, this provision applies across all four nations of the United Kingdom. Under this provision, where a Health and Social Care Trust pays or arranges for a person registered under Part 3 Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to provide services under Article 15 Health and Personal Social Services (Northern Ireland) Order 1972, that person will be deemed to be exercising the function of a public authority for the purposes of the Human Rights Act 1998.

Consequently, providers of care homes such as Runwood are bound by the Human Rights Act 1998 and the European Convention on Human Rights. As with the RQIA and the HSC Trusts, the quality of its provision must be assessed according to the Convention rights.

Although public authorities must respond when they identify a violation of a person's human rights, there is also a requirement that they are proactive and positively promote rights. Thus, human rights must be embedded in all procedures, policies and practice. They must also be embedded in the culture of public authorities and, in relation to provision in care homes, they must underpin the ethos.

Appropriate levels of staffing and adequate facilities to ensure dignity and respect are essential. However, treating the person as an individual and

⁷ Page 4 of the ASG policy <https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/adult-safeguarding-policy.pdf>

⁸ Originally provided by Section 145 of the Health & Social Care Act 2008 which was repealed

ensuring that staff and others treat them with respect and courtesy and do not treat them as being less deserving is essential. Resources are important, but they are not everything.

The key rights in the European Convention are:

- Article 2: The right to have life protected
- Article 3: The prohibition of inhuman or degrading treatment
- Article 5: The right to liberty and security
- Article 6: In respect of a person's civil rights and obligations, the right to a fair and public hearing
- Article 8: The right to respect for private and family life, home and correspondence
- Article 10: The right to freedom of expression
- Article 13: The right to an effective remedy
- Article 14: Non-discrimination in the enjoyment of rights

This is not an exhaustive list. However, it identifies the key rights designed to ensure that vulnerable people within the health and social care system are treated in a dignified and human rights compliant way.

The table later in this chapter maps the findings of the investigation with the relevant articles of the European Convention. Despite Dunmurry Manor and the RQIA being aware of the serious causes for concern, little was done to address them within a reasonable timeframe. This falls short of the expectations of public authorities to be proactive in protecting and promoting the rights of some of the most vulnerable older people in their care.

The European Convention, as interpreted and applied by the European Court of Human Rights and by the United Kingdom's courts, recognises that public authorities have a duty to be proactive when they are aware that there is a vulnerable person who is, in some way, in the care of the State⁹. The obligations of the United Kingdom under the European Convention on Human Rights will not be affected by its departure from the European Union as the Convention falls within the remit of the Council of Europe. The United Kingdom will remain a member of the Council of Europe post Brexit.

This is a heightened duty on public authorities where the person is vulnerable and lacks the ability to advocate or defend themselves. The residents in Dunmurry Manor are clearly vulnerable because of lack of capacity, physical disability or poor mental health. The findings of this investigation identify that the RAs involved were aware of the low standard of care and of the repeated instances of physical and sexual assault in Dunmurry Manor. Furthermore, there was a systemic failure in Dunmurry Manor and its parent company, Runwood Homes Ltd (Runwood), to respond to a significant number of concerns identified by staff, families of residents, HSC Trusts and RQIA inspections.

More widely, there was a lack of appropriate response by statutory agencies to the concerns over the quality of the provision in Dunmurry Manor. This represents a failure to act to protect the basic human rights of residents and their families. Residents were in the care of the state. The state failed to care for them by its failure to respond to identified and serious cases of mistreatment. The safeguarding theme of this report identifies instances of failure to meet the requirements of the European Convention

on Human Rights. For example:

- The failure to report 'notifiable events'
- Confusion over the use of the revised 2015 Policy
- Incomplete recording of safeguarding instances
- Medication errors
- Examples of residents being treated in an inhuman or degrading way

All of these provide strong evidence that the rights of residents were not being protected, let alone promoted.

There are many examples in the evidence of a failure to respond and prevent breaches of Article 3 of the European Convention – the right not to be subjected to inhuman and degrading treatment, and in some instances the article 2 right to have life protected. Both are absolute rights and do not allow any derogation. As noted above, these are positive duties and where, as in the case of RQIA and Dunmurry Manor, the state is aware, there is a clear duty to act.

The evidence submitted to the investigation provides examples of failures to respond to human rights violations. Abuse and neglect are inhuman and degrading and can be a threat to life. The findings identify evidence of ambulant males sexually and physically attacking female residents, but no clear evidence of an appropriate and effective response by the RAs. There is evidence that some residents were able to leave the home unsupervised and unnoticed. This potentially created a risk to life and to personal safety. Evidence of medication audits by the pharmaceutical provider

was provided. Despite this, the number of medication errors identified is disturbing and, in some cases, inhuman or degrading. The concerns expressed by HSC Trust officials on record-keeping, lead to inhuman or degrading treatment, or in extreme cases to a threat to life. Systems should be in place and followed; staff should be made aware through training, mentoring and development of the importance of these in ensuring that the human rights of residents are recognised and protected.

The regime at Dunmurry Manor raises concerns about residents' right to liberty and security. To deprive a person of their liberty without appropriate legal safeguards is unlawful and a violation of their Article 5 right.

The Article 8 right to respect for private and family life, home and correspondence is a wide-ranging right. Although this is a qualified right (see Article 8(2)), there is nothing to suggest that the grounds for qualifying the right exist and no evidence that there was any attempt to justify actions taken on these grounds. All the findings on the safeguarding theme engage this right. Importantly the right embraces the idea of dignity and respect.

Regrettably, many of the residents in Dunmurry Manor and their families were denied the protection of this important Article 8 right. Evidence from witnesses indicates that dignity and respect, essential components of the right to private life, were lacking in the treatment of some residents in Dunmurry Manor.

Similarly, the evidence provided indicates there was little respect for

⁹ See A v UK, X v Netherlands

residents' home life. As with all care homes, Dunmurry Manor was home for its residents. The extent to which residents could enjoy it was compromised by their treatment. There is evidence of failure to respect the home life of residents. The failure to put in place a robust process to protect female residents from sexual and physical abuse by ambulant males violated the right of residents to enjoy their home and their private life. Similarly, the evidence of lack of compassion in the delivery of care impedes the enjoyment of home and private life. Particularly disturbing, are concerns expressed by HSC Trust officials on record querying whether there was a culture of institutional abuse at Dunmurry Manor. The disclosed documents provided by HSC Trusts do not evidence a resolution to this query or any action taken to address the concerns.

Some former staff of Dunmurry Manor gave evidence that they were prevented from speaking out either to the RQIA or others, thereby violating their right to freedom of expression under Article 10. This had significant consequences for many residents whose poor treatment and neglect was never properly recorded or identified. In some cases reported to the Commissioner, family members were afraid to speak out for fear of retribution against their relatives. Others considered that they were not appropriately involved in discussions of their loved one's care.

The Article 6 right to a fair hearing and the Article 13 right to an effective remedy go beyond formal recourse to the courts, civil or criminal. They are about obtaining "justice" in its widest sense. The most effective remedy for the residents of Dunmurry Manor would be for the neglect and abuse to stop and for those responsible to be accountable. This would represent at least partial justice for those who experienced abuse and neglect and their families. The Commissioner finds

that this did not happen. There was a failure by Dunmurry Manor and Runwood, to address concerns raised during inspections and by staff, family, the HSC Trusts and others. Similarly, the RQIA failed to promote and support the human rights of residents.

The RQIA does not investigate individual complaints. However, the cumulative effect of its inspection reports, individual representations and the concerns of the South Eastern HSC Trust should suggest to a public authority that it must respond with necessary urgency and address the problems without delay. The evidence points to the fact that this was not the response of the RQIA; it failed to ensure that residents had an effective remedy for the human rights violation they suffered in Dunmurry Manor.

Article 14 of the European Convention on Human Rights states:

"The enjoyment of the rights and freedoms set forth in this European Convention on Human Rights shall be secured without discrimination on any ground such as sex, race, colour, language, religion, political or other opinion, national or social origin, association with a national minority, property, birth or other status."

Although age is not mentioned in this article, the reference to 'other status' includes discrimination based on age. This article is not free standing; it depends on there being a violation of one of the substantive rights. However, the article is engaged where the enjoyment of one of the substantive rights is violated because of, for example, age. The residents of Dunmurry Manor were older people whose human rights were violated. On the basis of the evidence, it is reasonable to assume that the treatment they experienced was discriminatory and ageist and thus a violation of this article.

The table below maps the findings of the investigation with the articles of the European Convention engaged.

Finding	Article 2: Right to Life	Article 3: Freedom from Torture and inhuman and degrading treatment	Article 5: Right to Liberty and Security	Article 6: Right to a Fair Trial	Article 8: Respect for your private and family life, home and correspondence	Article 14: Protection from Discrimination in respect of these rights and freedoms
SG 1	✓	✓		✓	✓	✓
SG2		✓		✓	✓	✓
SG3	✓	✓		✓	✓	✓
SG4	✓					✓
SG5					✓	✓
SG6				✓	✓	
SG7		✓			✓	✓
SG8			✓		✓	✓
SG9				✓	✓	✓
SG10		✓			✓	✓
SG11	✓	✓			✓	✓
SG12					✓	✓
SG13		✓			✓	✓

Regional Contract and the Host HSC Trust

HSC Trusts regularly organise placements when an older person is assessed as needing residential or nursing care. Where this is the case, the HSC Trust enters into a contract with the independent provider. This contract is referred to as the Regional Contract and it sets out general and specific terms and conditions. Amongst other things, these conditions require that nursing home providers are registered with the RQIA and that they comply with The Nursing Home Regulations (Northern Ireland) 2005, Care Standards for Nursing Homes 2015 and any other subsequent and/or relevant legislation. If the provider fails to deliver the service to a standard which is in compliance with the terms and conditions then the HSC Trust should regard this as unsatisfactory performance.

The HSC Trust has a series of mechanisms within the contract which they can use to bring about compliance with the standards, these include progressing to a reduction or refund in fees paid. While evidence was provided that issues with compliance within Dunmurry Manor had been flagged with the contracts division of the South Eastern HSC Trust, there was no evidence that the South Eastern HSC Trust had made effective use of the mechanisms within the regional contract to bring about compliance. The South Eastern HSC Trust acts as the host Trust for residents within Dunmurry Manor because it is located within the South Eastern HSC Trust region. As the host Trust, the South Eastern HSC Trust has an important lead role in overseeing the home.

Reporting an adult in need of protection to the HSC Trust

The investigation identified an apparent lack of clarity over what is an adult safeguarding issue and what is a “quality monitoring” incident. The threshold for identifying a possible adult at risk of harm and in need of protection should not be too high. It is unclear from the policy what the threshold is for a care provider to report concerns to the HSC Trust.

The policy states,

If there is a clear and immediate risk of harm or a crime is alleged or suspected the matter should be referred directly to the PSNI or HSC Trust Adult Protection Gateway Service.

However in most circumstances there will be an emerging safeguarding concern which should normally be referred to the HSC Trust, for a professional assessment.¹⁰

The investigation disclosed evidence that there was a clear and immediate risk of harm and in some cases a possible crime. However, contrary to the 2015 policy these concerns were not always reported. The second paragraph is unclear as to when an emerging safeguarding concern falling short of an immediate risk should be referred to the HSC Trust. What is the significance of the word ‘normally’ in that paragraph? In what circumstances would a care provider consider not reporting an event to the HSC Trust? Good practice requires that where there is a reasonable cause to suspect that a person is an adult in need of protection, as defined in the policy, a report must be

made to the HSC Trust. There should be no discretion on the part of the care home. The emphasis should be on having a reasonable cause to suspect; the standard of proof required to initiate a referral should be below the civil standard of balance of probabilities.

The HSC Trust would then decide on whether the adult is at risk and in need of protection and, if so, what the appropriate response should be. It is unacceptable that where there is a reasonable cause to suspect that there is an adult in need of protection, care providers should be able to categorise the behaviour as a “quality monitoring” incident rather than safeguarding. To tolerate this weakens the impact of the policy and leads to a lack of consistency across care providers. It also leaves adults who may be at risk in a potentially dangerous environment. A clear duty to report must be in place once there is a reasonable cause to suspect that the person may be an adult in need of protection.

The 2015 policy has much to commend it. However, several weaknesses were identified during the investigation.

The policy is not underpinned by a legislative framework. There is much debate on the desirability or otherwise of statutory safeguarding. Much of the discussion on the different approaches in England, Scotland and Wales centres on the extent of any legislative power, such as powers of entry and removal. These three nations adopt different approaches. However, all three recognise that a single organisation should have a statutory duty to make enquiries when they are made aware that there is a reasonable cause to suspect that an adult in need of protection is under their care.

The introduction of such a duty in Northern Ireland would require the HSC Trusts to make enquiries; this would address the dissipation of responsibility to respond under the policy that is apparent from the investigation. The threshold of reasonable cause to suspect would be met in most of the cases reviewed. There should have been no discussion on whether it was quality monitoring or safeguarding; the possible accountability of the perpetrator should not be an issue. The duty to make enquiries is proportionate and does not compromise the autonomy of the person. It does, however, ensure that all cases are considered, and decisions are made at HSC Trust level on action to be taken. It also requires duties on other public authorities and independent providers to report cases to the HSC Trusts when there is a reasonable cause to suspect that there is an adult at risk of harm and in need of protection. The policy would need to be revised in the light of these changes.

The introduction of a duty to make enquiries brings adult safeguarding into line with child protection in Northern Ireland. Article 66, The Children (Northern Ireland) Order 1995, imposes a similar obligation on authorities where a child is suffering or likely to suffer significant harm. The imposition of a similar duty in relation to adults would not risk treating adults as children. It is a duty to make enquiries and to decide what if any action should be taken. At this point, any action taken must be justified under general rules of consent or the Mental Capacity Act (Northern Ireland) 2016. Whether any further powers of entry or removal are required is a separate debate.

¹⁰ ASG Policy 2015, page 32 <https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/adult-safeguarding-policy.pdf>

Mental Capacity

The investigation identified cases of ambulant males who lacked relevant mental capacity physically and sexually assaulting some female residents. Although there is an issue about the criminal liability of a person lacking capacity and questions as to the appropriateness of the placement arise, those who experience such behaviour are adults in need of protection. Such occurrences should be notified to the HSC Trust. However, it is essential that all incidents of this nature must be referred to the HSC Trust by the care provider as they involve an adult in need of protection. It is the responsibility of the HSC Trust to decide what the appropriate and proportionate response may be. This may involve referring the case to the Adult Protection Gateway Service or the PSNI, but not always. The

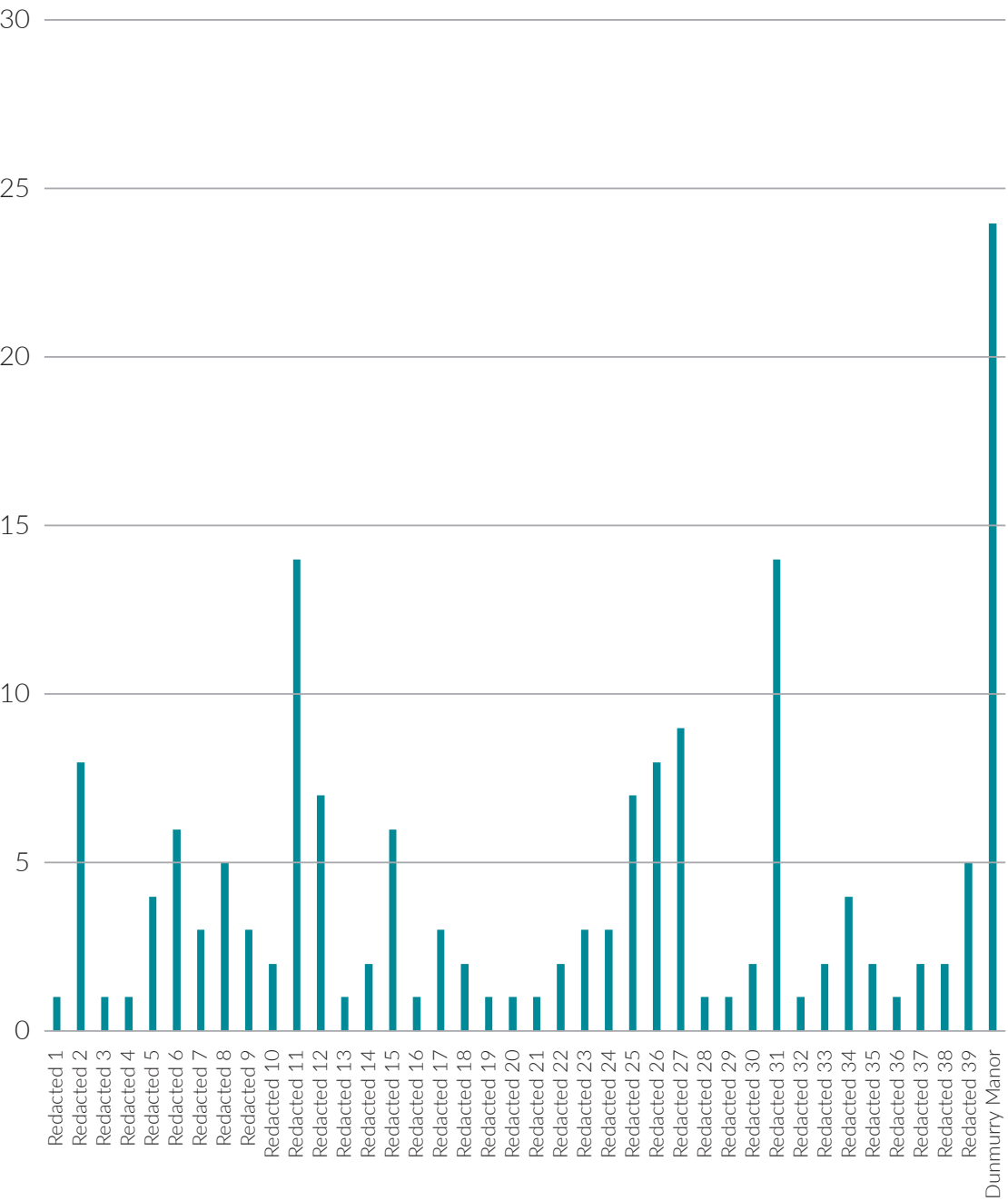
unlikely criminal or civil liability of the perpetrator does not alter that fact, although it will affect the nature of the response.

CCTV

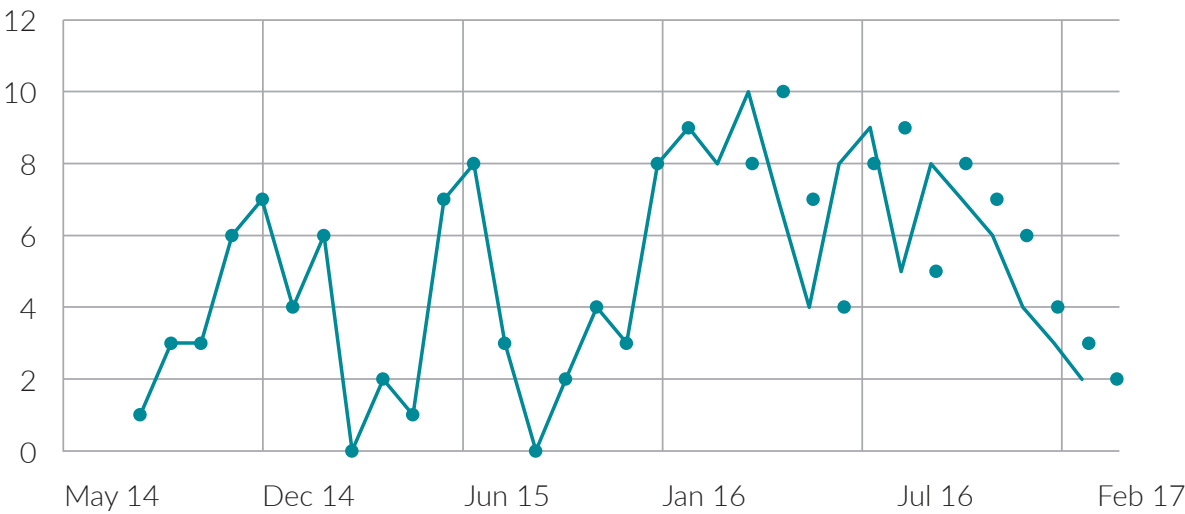
The question arose during the investigation as to whether the use of CCTV would have prevented the abuse and neglect. The Commissioner recognises that the use of, in particular, covert CCTV is controversial and complex. It cannot be used as an alternative to proper staffing levels in care homes. In some circumstances its use is justifiable. However, there are human rights and data protection issues that need to be considered. It is also essential to ensure that any footage is of sufficient probative value to justify its use. Comprehensive guidance is needed on when and how to use CCTV.

An example of a three-month snapshot of adult-safeguarding investigations in Dunmurry Manor, in comparison to other homes in the South Eastern HSC Trust, can be seen in the Trust's quarterly governance report of quality issues. This snapshot is taken from the period of 1 January 2016 - 31st March 2016.

Number of Vulnerable Adult Referrals - 01/01/2016 to 31/03/2016



Number of safeguarding Incidents in Evidence - By Month



Findings of the investigation in relation to Safeguarding and Human Rights

The table below is a summary of the investigation findings in relation to safeguarding and human rights in Dunmurry Manor:

	Theme 1: Safeguarding and Human Rights
SG1	A pattern of evidence of consistent failure within Dunmurry Manor to report significant numbers of incidents ("notifiable events") to the RQIA and to the Trust, in line with their requirements under Regulation 30 (of the Nursing Homes Regulations (Northern Ireland) 2005).
SG2	Despite evidence of ambulant males physical and sexual assaults on a number of female residents, there was a lack of a clear coherent policy to manage these risks over prolonged periods of time.
SG3	Confusion over the interpretation and implementation of the 2015 revised Adult Safeguarding Policy – a lack of consistency across Trusts of what constitutes a "quality monitoring" incident and what constitutes an "adult safeguarding issue", particularly where there are issues around capacity.
SG4	Examples of physical security issues with residents able to leave Dunmurry Manor unsupervised and unnoticed.
SG5	Daily observations and care charts completed from memory rather than contemporaneously.
SG6	A confusing variety of documentation in use for safeguarding, incidents, accidents and complaints – documentation frequently not signed or dated; date of incident marked at a future date; incomplete – e.g. no details of either the vulnerable adult or the alleged perpetrator; no GP follow-up or record of physical check or body map completed.
SG7	Lack of evidence to show that Dunmurry Manor implemented 15 minute monitoring (close observation) checks following reported safeguarding incidents.
SG8	Evidence from residents' families ¹¹ raising a fear of other residents entering their rooms at night and an unauthorised practice, by one staff member, of locking residents into their rooms from the outside.

¹¹ Provided to the RAs

	Theme 1: Safeguarding and Human Rights
SG9	Incomplete records hampering thorough and comprehensive investigations into reported safeguarding issues and concerns.
SG10	Medication errors / omissions leading to spikes in the number of safeguarding incidents for residents (See also Theme 3).
SG11	Inadequate response by HSC Trusts to concerns raised by officials of potential institutional abuse in Dunmurry Manor.
SG12	Evidence of delays by Dunmurry Manor staff in calling the Ambulance Service and / or GPs despite serious concerns or incidents having occurred leading to a loss of dignity and a violation of the residents' human rights.
SG13	Consistent examples reported by residents' families, HSC Trusts and workers / former staff of inhuman or degrading treatment.

Recommendations: Safeguarding And Human Rights

- R1: An Adult Safeguarding Bill for Northern Ireland should be introduced without delay. Older People in Northern Ireland must enjoy the same rights and protections as their counterparts in other parts of the United Kingdom.¹² It remains arguable that a policy based approach may not be Human Rights compatible as it does not guarantee an appropriate level of protection. This was the point made by the reports on the statutory guidance in England and in Wales prior to new legislation coming into force.

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

R3: All staff in care settings, commissioners of care, social care workers, and regulators must receive training on the implications of human rights for their work. Such training must be specific rather than disconnected from more general training. The level of training should vary depending upon the nature of the duties undertaken
- and refresher courses should be undertaken regularly. Human rights should be an essential component of practitioner dialogue.

R4: Practitioners must be trained to report concerns about care and treatment in a human rights context.

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

R6: The registration and inspection process must ensure that care providers comply with the legal obligations imposed on them in terms of human rights. An important component of the registration and inspection procedures, is to ensure that the human rights of people in care settings are protected and promoted. The Commissioner commends the approach of Care Inspectorate Wales (formerly the Care and Social Services Inspectorate Wales) in mapping individual rights to inspection themes and potential lines of enquiry. (CSSIW, Human Rights, 2017, a copy of which can be found at Appendix 3.)

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

¹² They should have the same rights and protections as provided to children, another recognised vulnerable group

4.2. Care And Treatment

Conclusions: Care and Treatment

The evidence gathered during the investigation supports the following conclusions in terms of the care and treatment experienced at Dunmurry Manor:

- Experiences of poor care and treatment were a common feature of witness evidence
- Experiences of poor care and treatment were a common feature of incident reporting to relevant HSC Trusts
- Families felt they had to move their relative to another home due to poor care
- The numbers of incidents reported to the investigation team exceeded those on record with the HSC Trusts and the RQIA
- Families consistently felt excluded from decision making involving their loved ones
- Families, agency staff, former Dunmurry Manor staff and HSC Trust staff all had concerns and made efforts to highlight them to either management in Dunmurry Manor, to Runwood senior management and / or to the RQIA

The fundamentals of good nursing and social care are the aspects of care and compassion which we would wish for ourselves or those close to us. We all expect care to be safe and effective, delivered by caring and compassionate professionals who have up to date knowledge and skills. Good care must focus on a number of important factors including attention to personal hygiene, ensuring people have adequate food and fluids and that their continence needs are met. These are the issues most frequently raised by families and staff when they feel care has fallen short of what they expect.

Legislation and Standards

The Nursing Homes Regulations (Northern Ireland) 2005 and Standards identify the following standards that care homes must follow:

15(1)(a) Not to provide accommodation to a patient unless, *'the needs of the patient have been assessed by a suitably qualified*

or suitably trained person', and 'appropriate consultation regarding the assessment with the patient or a representative.'

12(1)(a) Registered Person must ensure the service provided to patients meets their individual needs, reflects current best practice, and where necessary is provided by means of appropriate equipment.

Schedule 3, 3(o), records to be kept in a nursing home in respect of each patient including records of falls, pressure ulcers, and treatment provided.

12(4)(a) Registered Person shall ensure that food and fluids are *'provided in adequate quantities and at appropriate intervals'*. (b) Food and fluids be *'properly prepared, wholesome and nutritious and meets their nutritional requirements'*, are suitable, provide choice and varied at suitable intervals. Schedule 4(13), *'Records of the food provided for patients in sufficient detail to enable any person inspecting the record to determine whether the diet is satisfactory.'* 18(2)(g) provide *'adequate facilities for the preparation and storage of food.'*

Standard 4 Each resident's health, personal and social care needs are set out in an individual care plan which provides the basis of the care to be delivered. The initial care plan should be in place within 24 hours from assessment.

Standard 8 Records be maintained for each resident detailing their personal care and support, changes in the resident's needs and incidents. When no recordable events occur, there should be an entry at least weekly for each resident to confirm that this is the case.

Standard 23 Prevention of pressure damage, 'clear and documented processes for the prevention, detection and treatment of pressure damage or ulcers'.

Pressure damage risk assessments and body mapping are carried out for all residents where possible prior to admission and at the latest on admission to the home as well as on leaving for any transfer to hospital and subsequent re-admission. Where a resident is assessed as at risk of pressure damage, a documented pressure damage prevention and treatment programme is drawn up and agreed with relevant professionals and entered into the care plan. A validated pressure damage grading tool is used to screen residents who have skin damage and an appropriate treatment plan implemented, and incidents of pressure damage and treatment recorded in records. Pressure sores assessed as Grade 2 or above are reported to the RQIA and the HSC Trusts in line with guidance and protocols.

The following two anonymised case studies outline the lived experience of care and treatment in Dunmurry Manor:

Resident C

Resident C (Res C) was 83 years old and living with dementia when they suffered a severe fall whilst living in supported accommodation. Res C was admitted to Dunmurry Manor on discharge from hospital. The injuries sustained from the fall led to Res C having reduced mobility with a significant decrease in the use of their hands.

Res C weighed 15 stone when entering Dunmurry Manor. According to their family, Res C weighed between 5-6 stone when they died five months later.

The family complained about their loved one's rapid weight loss and expressed concern that this was due to Res C not being assisted to eat. They said that food was frequently left on trays beside Res C, uneaten and that food was frequently cold even before it was provided to Res C. For medical reasons, Res C was supposed to have a diet high in fat and calories but the family said it was not clear if this was provided. The family believe that, quite often, Res C was not offered cups of tea as this required someone to sit and help Res C drink through a straw. Res C became very dehydrated and sick and was returned to hospital due to these symptoms three times in 3-4 months.

The family said that some of Res C's meals contained foods which Res C could not eat or which Res C did not like, but that resident preferences were not taken into account. They felt that staff did not have enough time to sit with Res C or to notice when foods were not eaten. Res C's family felt Res C was forgotten about because Res C was bedbound and in their own room all the time.

Res C needed regular support with bowel evacuation but it was not clear to the family if this procedure was being carried out. The family say that none of the staff appeared to know what medication Res C was supposed to be receiving. The family observed that the nursing staff seemed busy and often the medication round was delayed. Res C required eye cream to be applied for an infection, but three days later when Res C's relative asked for the tube of cream so that they could apply it, the tube was unopened. The relative realised Res C had never had any treatment for the eye infection.

Res C's relative felt like the staff became frustrated with them for asking questions and raising complaints. Res C's relative told the investigation that it felt like "here they come again". They explained that there was never any meaningful response when they raised concerns.

Resident D

Resident D (Res D) was aged 89 and had gone through an assessment of their needs in hospital and was diagnosed as living with dementia. The family was informed that Res D could no longer live independently and had been assessed as needing residential care. Res D was placed in Dunmurry Manor.

Res D's family received a call at 3.30pm from the home to say Res D had been found sitting on the floor in their room that morning. Res D's family visited to check they were well and settled for the evening. The relatives found Res D alone in the room with the door shut. There was vomit on Res D's clothing and Res D appeared very unwell. Res D's family asked staff to call an ambulance. Staff questioned if this was necessary. When Res D's family started to pack a bag for hospital they realised the drawers were empty and they had to search for clothes. When admitted to hospital, Res D was diagnosed with kidney failure, E Coli infection, septicemia and pneumonia.

When Res D's family asked about the circumstances leading up to the discovery of their family member on the floor, they were given a number of contradictory accounts of the time at which Res D had fallen and the condition in which Res D was found. A staff member stated she had been keeping a close eye to Res D due to health concerns but this is not documented anywhere. Family discovered they were informed nine hours after Res D was found.

Res D's family had raised concerns previously about personal hygiene, soiled bed clothes and poor continence care. The family carried out a deep clean of Res D's room themselves with their own cleaning equipment on one occasion as it was so poor. They also left a urine sample on the toilet cistern to see how long it would go unnoticed. The sample remained there for days.

Res D's family was repeatedly asked to pick up prescriptions due to low staffing. They also brought food in for Res D regularly as they were concerned Res D missed out during mealtimes.

Care Planning

Planning and implementing care is an essential element of nursing and social care. Assessment of residents on admission should be carried out using recognised tools such as the Braden skin assessment tool or the Malnutrition Universal Screening Tool (MUST). These assessments will determine the immediate priorities for that resident and whether referral is required to another healthcare professional.

Following assessment, care needs should be planned and interventions agreed and communicated effectively to the care team. Effective evaluation of care requires the nurse to analyse the residents health status to determine whether the resident's condition is stable, has deteriorated or improved and if the planned care is appropriate.

Evidence given to the Commissioner supports the view that there was poor care planning and management of residents' changing needs.

- Agency and new staff reported problems with documentation. *"They didn't seem to have time to do care plans... when looking at patients' notes there was a total lack of care plans."* Another staff member said they were, *"terribly out of date when I started...we had to start right back at the beginning and get everything up to scratch again."*
- *"Care plans are horrendous to read... so for an agency person only there for two nights to be able to go in and read what a residents needs are would be very hard"* stated another agency nurse.
- In January 2017 South Eastern HSC Trust staff were concerned

when they noted that residents were losing weight. They requested to see the MUST risk assessments. However no resident in Dunmurry Manor had an assessment nor could records of special diets be located. The South Eastern HSC Trust's nutritionist and speech and language therapists were then urgently brought in to carry out training and supervision in an effort to improve the residents' nutritional status. The 4th January 2017 RQIA Inspection Report mentions that no action had been taken with a resident who had suffered from a substantial weight loss, with no evidence that they had been referred to the relevant health professionals and that the risk assessment and care plan reflected their changing needs.

- The South Eastern HSC Trust placed a support team in Dunmurry Manor later in 2016 to allow enhanced monitoring and support. One senior nurse reported being frustrated by the poor care planning and advice not being acted on by Dunmurry Manor. She went on to say, *"the amount of paper work and follow up the Trust has to do has been incredible, it got us frustrated that more was not being done by the Trust and RQIA."* Another trust member of staff advised that she had asked repeatedly to view care plans. In direct contravention of Standards four and eight. She said they were *"not available until multiple requests were made to Dunmurry Manor... had to hound them... they were very basic care plans."*

- The South Eastern HSC Trust again facilitated training in January 2017. One facilitator wrote a behavioural management care plan and showed staff what care planning was required in respect of one resident, however it was ignored. The HSC Trust representative went on to say, "Dunmurry Manor has taken up a lot of my time. Some of the things I have done for Dunmurry Manor I wouldn't do for other homes."
- A social worker reported concerns about care planning and the use of cot sides, especially as there were inappropriate risk assessments being done regarding cot sides. This staff member was so concerned he contacted RQIA.
- Another HSC Trust manager advised that there were concerns from the start regarding documentation. They conducted audits, agreed action plans with Dunmurry Manor managers and had joint meetings with RQIA to raise concerns.
- Relatives also echoed their concerns regarding the lack of care planning and consultation with them on the residents' care. A son advised that a "care plan was not produced until two months after his father was admitted". This was produced in response to a complaint he had raised regarding his father's personal care and lack of showering.
- Another resident's husband stated ... "doing a care plan was a waste of time as it was never implemented. Dunmurry Manor just do what they want to do or what they have time to do."

Nurses and social care staff have a professional responsibility to ensure all

healthcare records provide an accurate account of nursing and social activities and they are kept up to date and provide a vital communication within the nursing team. The Nursing and Midwifery Council Professional Code of Practice gives clear guidance on this and states:

*"This includes but is not limited to patient records. It includes all records that are relevant to your scope of practice."*¹³

To achieve this, you must:

- Complete all records at the time or as soon as possible after an event, recording if the notes are written sometime after the event
- Identify any risks or problems that have arisen and the steps taken to deal with them, so that colleagues who use the records have all the information they need
- Complete all records accurately and without any falsification, taking immediate and appropriate action if you become aware that someone has not kept to these requirements
- Attribute any entries you make in any paper or electronic records to yourself, making sure they are clearly written, dated and timed, and do not include unnecessary abbreviations, jargon or speculation
- Take all steps to make sure that all records are kept securely
- Collect, treat and store all data and research findings appropriately."

The Northern Ireland Social Care Council's (NISCC) Standards of Conduct and Practice for Social Care Workers make clear that understanding the main duties and responsibilities of your own role includes "Keeping records that are up to date, complete, accurate and legible." Maintaining

the trust of service users will include "holding, using and storing records in line with organisational procedures and data protection requirements."¹³

Evidence of poor and inadequate care planning, including incomplete resident care records, retrospective updating of care records, families not involved in care planning and poor quality of information in care plans in Dunmurry Manor was noted by many of those interviewed. Evidence was provided, as summarised above, that concerns were communicated to HSC Trust staff and to the RQIA. However, there is no evidence that the action taken by either RA led to improvement in Dunmurry Manor. Issues which were first raised in 2014 formed the basis of a safeguarding investigation in late 2016.

Personal Care

While a number of family members of residents interviewed stated that generally their relatives' personal care was good, there were significantly more who reported concerns with many aspects of the care delivered. Some relatives acknowledged that it can be challenging for staff to care for those with dementia as they often refuse care, particularly showering and toileting. Relatives believed that the staff lacked adequate dementia training that would assist them to work better with their loved ones and enable residents to become more settled and willing to engage with staff.

The case studies in this chapter demonstrate the extreme effects of poor care for those residents. However many

other families gave the Commissioner evidence of the sub-standard care provided to their relatives:

- A relative reported that her loved one's "personal care was virtually non-existent" while another reported that they take their father to their own home to get him washed properly.
- One relative had serious concerns over the two-month period her relative was a resident in Dunmurry Manor. This resident always took a pride in their appearance but the level of personal care offered fell significantly short of what the family expected. The family had to clean the resident's teeth each time they visited and reported that her "hands had not seen water as her nails were very dirty. We could see her face wasn't washed and hair not combed." When this relative decided to take off her mother's bed socks she was "appalled" at the condition of her feet. "On the right foot encrusted pus was running down her toe... it was infected, and obviously not just from the previous day. Some was dried between her second and first toe. Staff either hadn't noticed or weren't changing her socks. If she had been showered... the pus would have been washed out. Staff in Dunmurry Manor said they had no knowledge of it."
- One Care Manager advised that when he reviewed a resident's care he discovered that he had only had two showers within a six week period. He subsequently

¹³ Northern Ireland Social Care Council, 'Standards of Conduct and Practice for Social Care Workers', https://niscc.info/storage/resources/web_optimised_91739_niscc_social_care_workers_book_navy__pink.pdf

had to issue quality monitoring forms to Dunmurry Manor advising them that he was monitoring this aspect of care for the resident. The Care Manager also reported his concerns about personal care in Dunmurry Manor to the RQIA inspector.

- A former employee also reported *"residents were not routinely washed at night... I was told I was taking too long and to just tick the sheet that this had been done."* She went on to say... *"Residents were never hoisted - too much hard work".*

Many studies have demonstrated the impact of high quality nursing care on patient outcomes and even mortality. Reducing the skill mix and numbers of registered nurses in a health and social care facility can have a detrimental impact on the patient's experience and outcome.

Key to the delivery of care is that it should be patient or resident focused and based on their assessed needs and identification of risks. Nurses need to be aware and diligent about managing risks and ensuring steps are taken to mitigate those patient centred risks such as the risk of falling or malnutrition. Skilled nursing is essential in meeting the anticipatory care needs for those who are unable to express their specific concerns or lack capacity. This requires the ability to recognise when a patient is in pain or distress and to take appropriate action.

In addition, compassion is an essential aspect of good nursing care and can make a significant difference to the overall experience of patients and their families¹⁴. The focus on compassion has received much debate in recent years with the intense

media attention on examples of poor and even cruel care such as that reported in Winterbourne View care home. The poor standards of care and compassion in these examples have rightly caused public outrage as well as within the healthcare professions.

One of the impacts of these publicised episodes is a rise in families considering the installation of covert cameras in their relatives' rooms care home, in order to give them some peace of mind and ensure adequate care is being delivered (as previously considered in Theme 1). It is sad that families feel they have to take such drastic steps.¹⁵ Families of some residents of Dunmurry Manor residents have recently commenced a campaign promoting the use of CCTV in care homes.

Nursing and social care staff play a pivotal role in communicating effectively with residents and their families. They are generally the first point of contact and are at the heart of the communication process. They receive confidential information which must be handled sensitively and are expected to deal effectively with any concerns or complaints made about the service being offered.

There is a reasonable expectation that good nursing and social care should be at the centre of all healthcare experiences and can be conveyed even through the smallest of actions and interactions: holding a hand when someone is in distress, demonstrating empathy and understanding when someone is confused and showing compassion and care to someone.

The care at Dunmurry Manor, as evidenced by the families' and former staff experiences, could not be characterised as good practice.

The evidence given to the investigation describes a chaotic environment. The nursing staff, many of whom were temporary agency staff, working single shifts and never returning and where staff were under immense pressure to meet the complex needs of a large number of residents living with dementia.

Eating and Drinking

The provision of adequate nutrition and hydration for older people is essential to sustain life, good health and reduce the risks of malnutrition and dehydration. Planning is key to ensuring older people get the correct nutrition based on a nutritional needs assessment. For some it may require a special diet and include prescribed nutritional supplements, while for others their preferences, perhaps based on religious and cultural backgrounds, must be taken into account.

Good care needs to focus not only on the quality of food, but also the availability of it, including the frequency and timing of meals and also on the level of assistance which older people may require to enable them to eat and drink adequately. For example, the seating and tables available in a dining area, the need for adapted or special cutlery, the support or encouragement required to assist the older person and time to allow them to enjoy a meal.

Meal times are periods in the day which residents look forward to. It is an opportunity to meet with others for social interaction and helps to define the periods within the day, morning, afternoon and evening. The appetising smells and sights of food properly cooked and presented is important for

older people who may have reduced appetites and need encouragement to eat and drink.

Many of those interviewed were complimentary regarding the quality of food offered to residents. They commented on the variety of food, snacks and home-made tray bakes available.

However, this was not the experience of all those interviewed. There were many concerns raised by relatives regarding the food experience for residents. Relatives reported a lack of support for those residents who required assistance with eating and drinking and the serious impact this had on their health. A number of relatives reported serious weight loss and dehydration due to staff not ensuring residents were eating and drinking adequate quantities of food and fluids. A number of these failures led to emergency admissions to hospital when residents became dehydrated and in others when weight loss was so severe it led to other complications such as tissue breakdown and pressure ulcers.

The Commissioner was informed by a number of families and former staff of issues and concerns about eating and nutritional needs being met:

- A daughter was concerned that staff did not notice her mother losing a stone in weight in a matter of days. Another relative commented about his father's weight loss... *"It was alarming that staff did not notice the severe weight loss."*
- A number of families told the Commissioner that they had to visit at meal times to ensure

¹⁴ Transforming Care: A National Response to Winterbourne View Hospital: Department of Health Review Final Report (December 2011).

¹⁵ Cross reference to CCTV section in Theme 1 - Safeguarding

their relative was fed. One stated, "He needed to be fed and there wasn't always a member of staff to feed him. The family deliberately visited at meal times to check what was happening and make sure he got fed or to feed him. There wasn't enough to eat or drink ...he became dehydrated and lost stones in weight."

- As a result this family decided to transfer their father to another nearby nursing home. "He has put some weight back on after going to [another] Care Home. Size medium clothes were hanging off him but are now tight. He now interacts with staff and residents...in Dunmurry Manor he was like a skeleton. No interaction ...never smiled."
- Another relative felt the pressure to visit every day to feed her father. "I used to go in every night to visit dad in Dunmurry Manor but now in [another] Care Home it is three times a week and he's now happier. If family hadn't been there dad would be dead."
- Another son reported his father lost six stone in a year in Dunmurry Manor, while another son had no choice but to move his father to a different home due to his concerns. He stated, "Father was admitted to hospital on four occasions due to dehydration... after August he was so bad they couldn't find a vein. A hospital doctor said "this is a shame and disgrace that a man should be in this situation"... with him going into A and E so many times surely alarm bells should have been ringing. It just felt like no one was interested let's be honest. [Identified staff member] went down to see him and he was lying in congealed vomit with the doors closed. The door was always closed. He had vomit down him and was that weak he couldn't turn to press the buzzer. His wife went ballistic... saw the care worker about it."

You know what it was like... to be blunt he was left to die. Does anyone give a damn, does anyone care? For a facility that was there for nursing and care and neither was there. That is what we were living with."

- Staff also raised concerns regarding residents losing weight. "Weight loss is a concern in the home. Just because you can lift a spoon doesn't mean you don't need assistance. Bedbound residents are a concern... they may not get the help they need."
- One staff member voiced concerns regarding the lack of fluids for residents and the number who were developing urinary tract infections. He tried to take action but felt he was not listened to and subsequently he contacted RQIA to express his concerns regarding the poor quality of care. He stated, "no matter what you said, you'd be better off talking to that wall...nothing followed up on, or it was a case of I'll get back to you, just trying to palm you off. I got to the stage where I thought what's the point? No one listens."

Continence Care and Toileting

Many residents in long term care are likely to have some degree of urinary incontinence or dysfunction, however, urinary incontinence in this setting should not be viewed as inevitable. In the first instance, with good management it may be preventable. Incontinence is a symptom of underlying problems which with simple assessment and investigation, can be identified and treated. Even when a cure is not achievable, optimum methods of incontinence management can be attained and help alleviate embarrassment and discomfort for the older person as well as preventing pressure sores and infection.

Loss of bladder and bowel function can be very distressing for older people and their relatives. Excellent care is essential for the person with incontinence and it requires patience and understanding to ensure the preservation of dignity and self-esteem. It can be particularly distressing for the person living with incontinence, as well as their families to experience care which is substandard.

Many families reported significant issues in relation to their relatives' continence care and management. These issues were most frequently due to finding their relatives' continence care neglected and the neglect exacerbated by the poor quality of continence products being provided by Dunmurry Manor. Families provided testimony to the investigation about the poor management of their relatives' incontinence.

- Some families told the Commissioner that they often found their relatives lying in pools of urine, in bed or on their chair. One said "father was often left soaking for hours."
- Another reported finding her relative "lying on a wet bed without a pad ... there was no toileting."
- One daughter, who was concerned about her father's continence care was told by staff not to get involved in her father's personal care. She reported a shortage of continence pads and requested staff to stop using net pants as they were leaving marks on her father's skin. However she often found her father's "pads soaking."
- A son reported that on occasions there were not sufficient incontinence pads for his mother and as he walked past other

residents' rooms "it is clear their continence needs are not being met because of the smell."

- Staff reported a tight control on the budget by Runwood particularly when it came to the purchase of continence products. One care team leader was told she had over spent one week by £10 and she could not have the pull up continence pants she had requested that week due to this minor overspend. She commented that the products purchased were of the cheapest quality. One relative supported this view and told the Commissioner that he bought his own continence products for his mother due to this problem.
- Agency staff reported their concerns regarding continence care. There was "no toileting regime... just put pads on them and that was it and the continence pads were cheap quality. Residents did not have a toileting regime- they were just put in pads end of...there was no toilet round conducted before tea."

There appeared to be little attempt by staff to encourage toileting regimes for residents to try and promote good continence care. It appeared that it was easier just to put residents into pads or other incontinence products and then leave them for hours in soiled or soaked pads. Even when residents were admitted to Dunmurry Manor fully continent relatives reported that they soon became incontinent and this was very distressing for both residents and families. Families reported that this was a result of there not being adequate staff and equipment to safely assist with continence needs. The

evidence presented to the Commissioner demonstrated that continence care fell significantly below the standard expected in a care setting.

Skin Care / Tissue Viability

Skin care in older people is an important aspect of good nursing care. Pressure ulcers (also known as pressure sores or bedsores) are injuries to the skin and underlying tissue, primarily caused by prolonged pressure on the skin. Older people are more likely to develop pressure sores as skin naturally becomes thinner with age and this can be worsened by a more sedentary lifestyle and an inability to move and reposition the body.

They can happen to anyone, but usually affect people confined to bed or who sit in a chair or wheelchair for long periods of time. Pressure ulcers can affect any part of the body that is put under pressure and are most commonly found on bony parts of the body, such as the heels, elbows, hips and base of the spine.

Older people are at greater risk of pressure ulcers especially if they have mobility problems and have skin that is more easily damaged through dehydration and other factors such as: being confined to bed with illness or after surgery; inability to move some or all of the body (paralysis); obesity; incontinence and certain medical conditions that affect blood supply such as diabetes, heart failure, multiple sclerosis and Parkinson's disease.

Good skin care or tissue viability is a specialty within nursing given its importance in ensuring skin integrity and wound management. A skin risk assessment, using a recognised skin assessment tool, for all residents on admission and "at risk" residents at regular intervals is vital in any care setting. Relatives and trust staff reported a number of skin care concerns to the Commissioner's

team during the investigation.

- Two or three months after Dunmurry Manor opened, South Eastern HSC Trust staff recognised that Dunmurry Manor staff did not have up to date skills and knowledge in managing pressure ulcers. One HSC Trust senior manager stated: *"Their level of knowledge frightened me... I got the Tissue Viability Nurse to go through all the wounds, right pressure relieving mattresses, wanted back to basics, needed to know that everyone was being treated in the right way for tissue viability."*
- The HSC Trust continued to monitor the quality of skin care and offered advice and training on a regular basis from the Tissue Viability Nurse. She noted, *"if I went in to see someone's notes and saw they were not using the appropriate risk assessment tool, like not using Braden, I would have raised it as an issue, had training, talked to staff and signposted them"*.
- Despite this guidance and support HSC Trust staff often found failings in respect of skin care. A Trust report details that a resident who was admitted for respite developed a Grade 4 pressure sore on his heel and when documentation was reviewed found, *"no pain assessment in place, incomplete documentation, no body map, no assessment and documentation was not person centred."*
- Even when a South Eastern HSC Trust tissue viability nurse visited to review residents with skin problems and had prescribed specific care this *"had not been appropriately implemented."*
- On other occasions HSC Trust staff noted: *"it was concerning that a resident did not have a care plan in relation to pressure sores when they had Grade 2 and Grade 4 pressure sores"*.

Despite the fact that the South Eastern HSC Trust was aware of a lack of skin assessments for residents in Dunmurry Manor, evidence provided to the Commissioner demonstrated poor skin and tissue viability care in Dunmurry Manor. It is not clear from the evidence provided to the investigation what level of action was taken by senior officials within the South Eastern HSC Trust even when these serious concerns were highlighted.

Moving and Handling

Moving and handling is a key part of the working day in many environments¹⁶, but is particularly important in a care setting where residents need assistance with carrying out their activities of daily living and where they are unable to move and reposition without assistance. If staff are unable to carry out tasks safely they can place themselves and others at risk of harm and injury. Poor moving and handling practice can lead to:

- Back pain and musculoskeletal disorders, which can lead to inability to work
- Moving and handling accidents which can injure both the person being moved and the employee
- Discomfort and a lack of dignity for the person being moved

Safe moving and handling practices are essential in all care settings with a workforce adequately trained and supervised and the provision of safe moving and handling equipment.

The Commissioner was provided with evidence that Dunmurry Manor

operated unsafe moving and handling practices including inadequate assessments, training and lack of essential equipment.

Staff and families reported that some staff were not trained in the use of hoists for moving and handling residents and many suggested it was easier and quicker not to use a hoist. This unsafe practice placed both residents and staff in danger of injury and should have been identified as a key risk for the organisation.

- One HSC Trust email referred to an incident of a nurse insisting a resident should be lifted into bed by another employee when a care assistant had pointed out the hoist must be used. A HSC Trust Concerns Meeting references *"poor manual handling"* in the home.
- Another former staff member described a resident being lifted after a fall... *"the agency guy came in and basically, I think the woman was 97 at the time, just picked her up by the hand and under the arm like that and the residential manager told him to stop and went in and closed the door and helped him lift her."*
- Relatives also noted that staff were not using moving and handling equipment. A son of a resident noted, *"The equipment seemed good but there was no staff training on how to use it. Staff didn't use the hoist as they felt they weren't trained and lifted the person instead."*

¹⁶ Royal College of Nursing, *Moving and Handling: Advice Guides*, <https://www.rcn.org.uk/get-help/rcn-advice/moving-and-handling>

- A staff member reported that while there were four hoists in the home only two of them were in working order. This was inadequate for the level of activity in Dunmurry Manor. Another said there was only one standing hoist in one unit... *"this ratio didn't seem right."*

The inadequate supply of moving and handling equipment led to unsafe practices with hoists reported as being faulty. This was unacceptable and demonstrated a total lack of regard for the health and safety of residents and staff.

Equipment

Staff require a wide range of equipment to carry out their roles in any care home setting. Kitchen staff need safe and reliable equipment to enable them to cook, domestic staff require tools to undertake their cleaning roles and responsibilities while the nursing and social care staff require a range of equipment to safely care for residents.

These may include monitoring equipment such as sphygmomanometers to carry out blood pressure monitoring, moving and handling equipment, pen torches to check a resident's pupil reactions, dressings, urinalysis testing equipment as well as basic items such as cleaning solutions. Safe and reliable equipment, which is checked and tested regularly, is essential to allow all staff to work in these settings.

Many staff from Dunmurry Manor and the South Eastern HSC Trust reported their frustration at the lack of equipment in the home and the length of time it took to get some items repaired.

- An observational report by a HSC Trust states that there were *"no commodes available for toileting... there is no provision of equipment to effectively manage ongoing care at night...there*

was limited equipment for moving and handling."

- Another South Eastern HSC Trust communication to RQIA highlighted how the home had no spare catheters or bladder washouts. While a South Eastern HSC Trust meeting note refers to showers chairs being shared between units.
- A former employee referred to personal protective equipment to control infection like gloves and aprons as *"atrocious...all cheap...raised this with all managers...but better equipment was not provided."*
- A former manager described difficulties in ordering equipment through Runwood Head Office. *"I have asked for jugs and maintenance trolleys ... never turns up. Head Office declines. I put an order in for hats and tea towels ...six months down the line they still haven't arrived. No reason is given. I was told money had been spent on legionella and therefore they have no money to buy crockery."*
- Several staff reported that they often had to go and purchase items of equipment to enable them to do their job and they were never reimbursed. *"I didn't have access to pen torches, inadequate dressings, plasters, blood pressure monitors. I don't know but even the most basic of equipment. I bought my own BP monitor. I reported it but was told there wasn't enough money...where do you go with that then?"* The same member of staff went on to say, *"you were expected to make an incontinence pad last and that was ridiculous, we didn't have sufficient numbers, we ran out of wipes as well. Girls were just using facecloths to do the entire person. For infection control purposes that's not ok. Not enough dressings too."*

- Another member of staff advised that they had to buy urine analysis sticks with their own money.
- Frequently staff reported going to the local supermarket to buy cleaning products, wipes and tissues for residents.

Many staff from Dunmurry Manor and the South Eastern HSC Trust reported their frustration at the lack of equipment in the home and the length of time it took to get some items ordered and others repaired. It was totally unacceptable that staff had no option but to buy their own equipment as they could not get the company to get faulty equipment repaired or replaced. Kitchen staff could not get hats, which are essential health and safety measures for catering staff, for over six months. The poor quality, supply and control by the company on the purchase of incontinence products was a constant problem and was reported frequently to the Commissioner during this investigation. This was very concerning and must have contributed to the tissue viability issues which a number of residents experienced.

Management of Personal Property

An issue for most of the relatives, including those who did not have any issues regarding the care in Dunmurry Manor, was around residents' personal property going missing. This ranged from clothing being sent to the laundry and not being returned to more expensive possessions such as jewellery and money being lost.

Relatives could not understand how so many clothes went missing when they had spent time carefully labelling them. This was a recurrent theme with almost all relatives interviewed. Of particular

frustration for them was the inadequate response from Runwood when they raised these issues. They just felt their complaints were never taken seriously.

- A daughter told the Commissioner about her experience when £100 belonging to her father went missing. When she tried to get the matter resolved she found that *"management keeps changing and Runwood aren't taking responsibility"* (for the missing money). She became so frustrated with Runwood that she reported her concerns to *"RQIA and Age Concern"*.
- A husband reported his wife's clothes going missing and her glasses *"were destroyed"*, while another son reported that his mother lost £100, a gold bracelet, clothing, her dentures and glasses. At that time the home did not keep an inventory of residents' belongings and items appeared to go missing on a daily basis.
- The son of one resident who was admitted in June 2014 reported that his father's watch went missing...*"it was never found or replaced...(I was) suspicious about where some of his designer clothes went...some of his trousers, track bottoms, socks and underwear... what he was given to wear were not his. It was as if all laundry was thrown in and re-allocated at random."*
- Another son reported that his mother's property went missing soon after her admission to Dunmurry Manor. *"Issues with laundry started within a couple of weeks, she was wearing other people's clothes and underwear, over £100 of items went missing though this has improved."*

- Senior Management within Runwood agreed that missing property and in particular laundry was a significant problem for the organisation. Runwood senior management stated, "We have paid out vast amounts of money for alleged lost clothing." The list of missing items reported to the Commissioner during interviews was extensive.

Findings of the investigation in relation to Care and Treatment

The following table is a summary of the investigation findings in relation to care and treatment of the older people residing in Dunmurry Manor:

	Theme 2: Care and Treatment (CT)
CT1	Poor and inadequate personal care, including inadequate individual assessments, poor quality of personal care and hygiene, care recorded as having been carried out when it had not and poor reported experience of residents by family.
CT2	Evidence of poor and inadequate care planning, including, incomplete resident care records, retrospective updating of care records, families not involved in care planning for their relatives, poor quality of information in care plan.
CT3	Inadequate assessment of anticipatory care needs including, inability of the home to deal with these needs and difficulties and issues experienced by residents reported by their families.
CT4	Evidence of poor and inadequate continence care, including poor quality of care, poor quality and non-availability of appropriate continence products and consistent issues reported by families of residents as well as former staff.
CT5	Poor and inappropriate skin and pressure area care including inadequate individual assessment, poor quality skin and wound care, non-availability / faulty pressure mattresses, poor reported experience of residents by family and inadequate training on wound and tissue viability.

	Theme 2: Care and Treatment (CT) (continued)
CT6	Poor nutrition including inadequate assessment, monitoring of food and fluid intake; lack of support for residents requiring assistance with feeding and issues surrounding availability and quality of food including special diets/pureed food; and concerns from families and workers about relatives'/ residents nutritional experience.
CT7	Inappropriate and unsafe moving and handling practices, including inadequate assessments and training; non- availability of necessary equipment or appliances and poor reported experience of residents by family.
CT8	Persistent falls management issues, including inadequate assessment and poor and incomplete reporting of incidents to families and relevant authorities; poor ongoing management of residents following a fall and inadequate evidence of reports of unwitnessed falls and injuries discovered later with no subsequent investigation.
CT9	Poor management of laundry and clothes and a disregard of personal preferences and personal possessions, including loss of money and jewellery.
CT10	Evidence that Dunmurry Manor was a home registered as a specialist dementia, previously "EMI" ¹⁷ , care setting which was consistently unable to adequately manage the specific assessed dementia needs.

¹⁷ Elderly Mentally Infirm, now dementia

Recommendations: Care and Treatment

- R8: HSC Trust Directors of Nursing, as commissioners of care in the independent sector, should assure themselves that care being commissioned for their population is safe and effective and that there are systems to monitor this through the agreed contract between both parties.
- R9: There should be meaningful family involvement in care and treatment plans and decision making at all key milestones. Electronic or written care plans should be available to families on request, including nutritional information.
- R10: The Commissioner reiterates Recommendation 4 of the Inquiry into Hyponatraemia-related Deaths that, *"Trusts should ensure that all healthcare professionals understand what is required and expected of them in relation to reporting of Serious Adverse Incidents (SAIs)."*
- R11: The Commissioner reiterates Recommendation 32 from the Inquiry into Hyponatraemia-related Deaths that Failure to report an SAI should be a disciplinary offence.
- R12: Failure to have an initial six week care review meeting should trigger a report in line with SAI¹⁸ procedures.
- R13: The RQIA should pro-actively seek the involvement of relatives and family members as well as explore other routes to getting meaningful information, data and feedback on the lived experience in a care setting.
- R14: The movement of residents by relatives to other homes should be viewed as a red flag and feedback should be obtained by the commissioning HSC Trust and the RQIA on the reasons for such moves.
- R15: There should be adequate support and information provided to older people and their families when facing a decision to place a loved one in a care home. Each HSC Trust should allocate a senior health professional to oversee these placements and good practice. This would be greatly helped by the introduction of a Ratings System for care settings.

¹⁸ A SAI – Serious Adverse Incident – further information available at: <https://www.health-ni.gov.uk/sites/default/files/publications/health/Guidance%20publication%20for%20reporting%20adverse%20incidents%20to%20NIAIC.pdf>

4.3 Medicines Management

Conclusions: Medicines Management

The evidence gathered during the investigation supports the following conclusions in terms of the medicines management in Dunmurry Manor:

- The medicinal requirements of older people resident in Dunmurry Manor were frequently not met. There is evidence that some residents had prolonged periods where their medications were not administered due to omissions by staff
- Experiences of poor medicines management was a common theme of witness evidence
- Despite reporting of concerns by HSC Trust staff to Dunmurry Manor issues continued to arise
- Evidence that some residents displayed distressed and challenging behaviours during periods of medication mismanagement
- A resident was not given appropriate pain relief for a grade 4 pressure sore.
- Dunmurry Manor kept poor medicines records
- Relatives regularly had to travel to obtain prescriptions for their family member. This was frequently in the 'out of hours' period
- Families consistently felt excluded from decision making involving their loved ones

In recent years there has been a growing reliance on medication as the primary intervention for many illnesses. Older patients are more likely to be prescribed several different types and forms of medications due to their co-morbidities.

Medications are prescribed to benefit the patient. These benefits include the effective management of the illness or disease, slowed progression of the disease, and improved patient outcomes. However, patients receiving medication interventions are also exposed to potential harm. This can be the result of unintended consequences or side effects or medication errors, for example incorrect dosage being administered.

Nurses and social care staff are continually challenged to ensure that people receive the correct medication at the correct time due to excessive workloads, staffing inadequacies, fatigue, illegible provider handwriting, flawed dispensing systems, and problems with the labelling of drugs.

Legislation and Standards

The Nursing Homes Regulations (Northern Ireland) 2005: The registered person shall make suitable arrangements for the ordering, storage, stock control, recording, handling, safe keeping, safe administration and disposal of medicines, including that medicines must be stored in a secure place, (b) medicine which is prescribed as administered as prescribed to the patient for whom it is prescribed and (c) written record is kept of the administration of any medicine to a patient, apart from medicine that may be self-administered.

Standard 28: Medicines administered in strict accordance with the prescriber's instructions. There are suitable systems in place to manage drug alerts and safety warnings about medicines. There are robust incident reporting systems in place for identifying, recording, reporting, analysing and learning from adverse incidents and near misses involving medicines. There are

robust arrangements in place to audit all aspects of the management of medicines. Systems are in place to manage the ordering of prescribed medicines to ensure adequate supplies available and to prevent wastage. All medicines available for administration as prescribed. Medicines administered only to the resident for whom they are prescribed. Systems in place to prevent any over-ordering of medicines.

Standard 29: Medicines Records, be 'legible and accurately maintained as to ensure that there is a clear audit trail.'

Standard 32, Medicines are 'stored securely under conditions that conform to statutory and manufacturers' requirements.'

Standard 33: Medicines 'safely administered in accordance with the prescribing practitioner's instructions.'

An anonymised case study taken from witness evidence is outlined below:

Resident J

A Trust staff member stated that there had been several concerns raised about one resident. This Trust representative described Resident J (Res J) as 'over medicated' when they first met. This was raised as an issue and it was agreed that the Res J would be prescribed Risperidone rather than Diazepam. The Dunmurry Manor staff member informed Dunmurry Manor staff about this change in prescription. However, due to medication management errors Res J's Diazepam prescription was stopped with nothing to replace it, so Res J had 'nothing to settle [them].'

As a result, Res J became very distressed and was described as 'climbing the walls.'

The HSC Trust staff member stated that Res J was displaying challenging behaviours and had numerous unwitnessed falls. At one stage ten unwitnessed falls were recorded in a three week period. Res J also entered a common room and displayed aggression. It was described that they 'hit all round' them. Res J was admitted to hospital following one such event. During the resident's time in hospital Res J became 'very well settled.' However, it became apparent that after a return to Dunmurry Manor Res J's new care plan was not being followed and within a week Res J was again displaying very distressed reactions and lashing out at other residents.

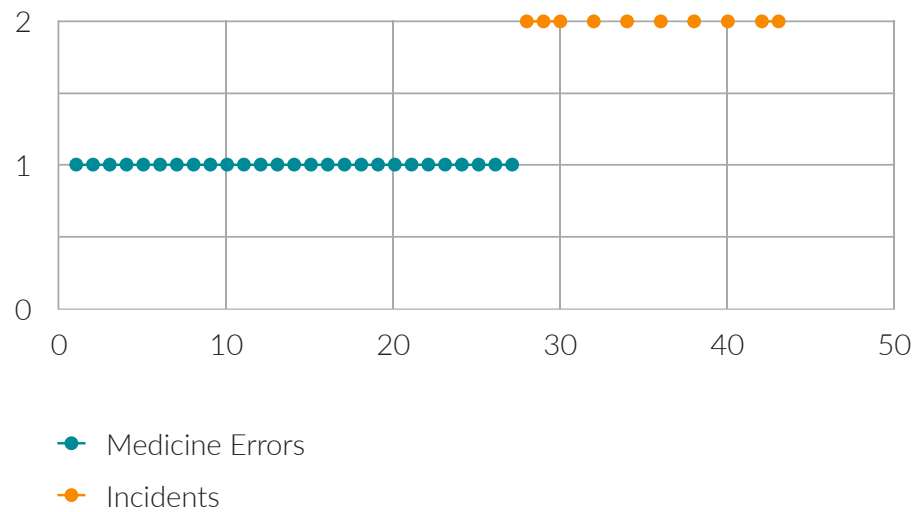
A 40 day "snapshot" of resident J's experience is summarised:

RESIDENT J – Medications Errors and Incidents

13.01.2016	Slapped other Resident
19.01.2016	Grabbed other Resident by the throat
18.02.2016	Hit member of staff with shoe
21.02.2016	Altercation with other Resident
29.04.2016	Pushed other Resident – altercation.
19.05.2016 – 14.06.16	Extra dose of Risperidone which was not prescribed but added to the Kardex.
30.06.2016	Safeguarding Incident

3 Weeks previous to 30th June 2016, had "at least 10 unseen falls and aggressive behaviours" [according to Trust staff interview]

Resident J - 40 Day Snapshot



Medicines Management in Dunmurry Manor

Medicines management issues and concerns were often raised with the Commissioner in interviews with families and staff during the investigation.

Families highlighted that Dunmurry Manor often ran out of medicines and relatives had to take steps to resolve this problem themselves. Several relatives recounted attending the out-of-hours doctor to collect a prescription and then travelling to the pharmacy to pick it up before delivering the medication to the home. One relative, aged 88, was asked by the home to collect a prescription late in the evening from the pharmacy and then take it to Dunmurry Manor. Several residents' families also reported that prescribed medicines were at times just not administered, for days or even weeks. It is unclear how these serious omissions occurred but there was clear evidence that residents who failed to receive their medications had a deterioration in their behaviours with serious adverse consequences. Many of the improperly medicated residents consequently became physically abusive and even on occasion went missing from the home.

- One relative reported that in January 2016 medication was one week late, "we were only told this because we specifically asked. Dunmurry Manor blamed [the pharmaceutical supplier] for this, we asked why could they not have bought it temporarily themselves."
- The Commissioner was given evidence that several residents were not administered their prescribed medications for up to three weeks and staff failed to notice these omissions. Even when these residents' behaviours became challenging it appears that it took some time before staff became aware of any issues with medication.

This caused significant distress for residents and their families and resulted in serious adverse incidents.

- Some of those interviewed wondered if residents were over medicated and this led to them having difficulty with activities of daily living. *"I asked to see the record of medication intake but was never shown it. I asked regularly. I thought they were hiding something. Once that allegation came out there was a clamming up. That sense of closed ranks here don't be saying too much. Dad slept loads in Dunmurry Manor 24/7. Just sleep, sleep, sleep. They weren't even worried about getting him out of bed. Now he's out of bed and in the chair. He is much more awake and alert in [another] Care Home. 100% better...up in the am and up all day. He had pressure sores on his bottom... doesn't have them now..."* [in the new nursing home].
- New employees reported that they had serious concerns regarding medicines management within Dunmurry Manor. One member of the Dunmurry Manor management team noted on starting employment in 2016 that the home *"frequently ran out of medications... medicines would go missing or have run out on a regular basis down to inconsistency in staff and medicines not being ordered on time...there were never enough staff to allow medicines to be given in a timely manner"*.
- Another care team manager reported that *"medicines management was all over the place...but it has now improved...the problems were due to agency nurses."*
- One manager, who only remained in employment for a number of months in the home, found total mismanagement of medications on commencing in Dunmurry Manor.

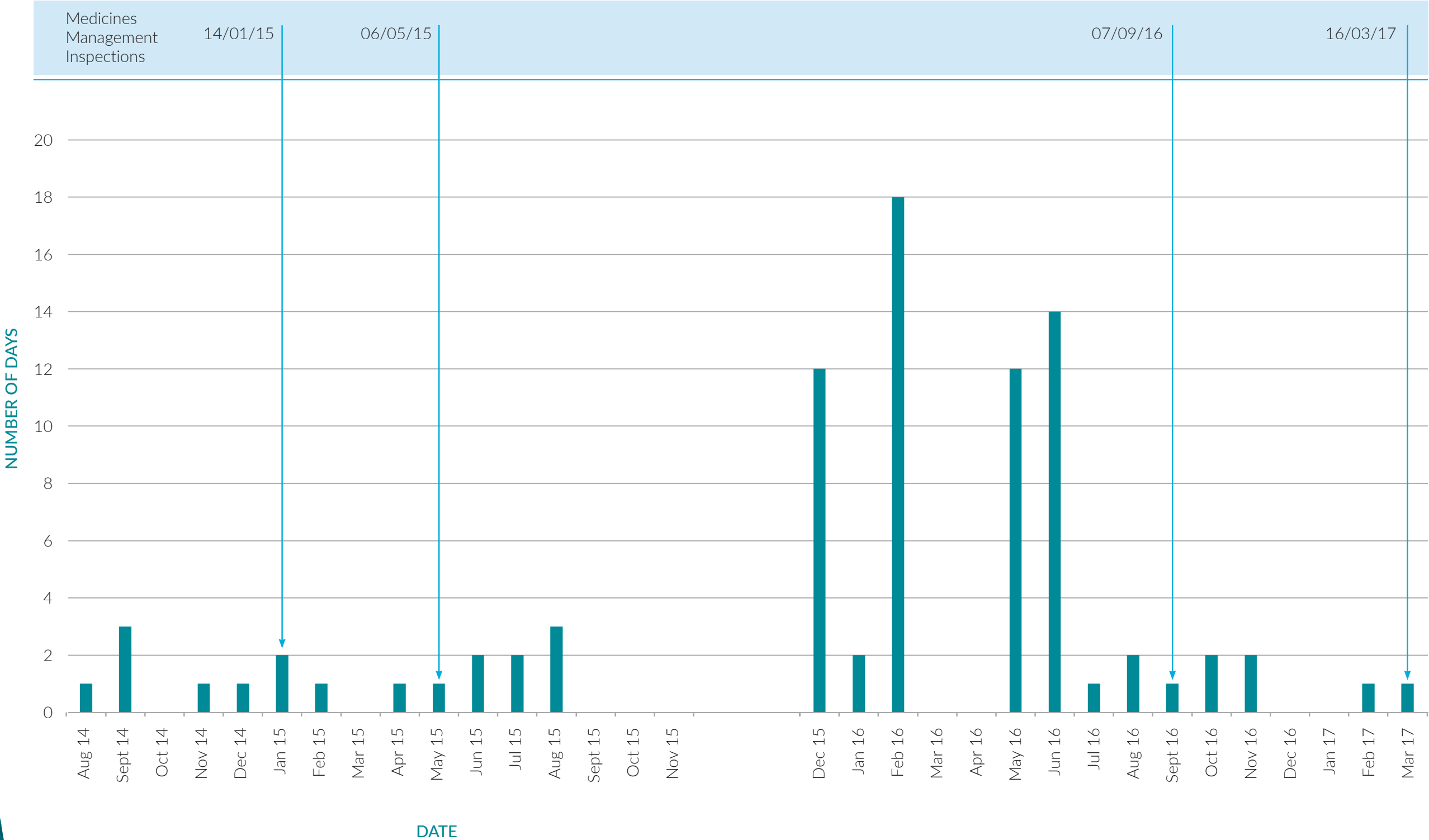
They stated, *"there was too much to be fixed by one person... I felt like I was drowning."* They had found medicines lying in cupboards which had not been destroyed after a resident had died or moved to another home. There was a lack of record keeping, over-stocking of some items and under-stocking in others. The lack of control and management of medicines concerned them greatly.

- Kitchen staff also observed poor practices. One witness stated, *"medications were left in containers in the resident's tables but no one stayed to check that they had been taken."* They also commented that this must also have happened at night, in the morning medications were often found on the floor. This staff member observed diabetic

residents not being roused during the day to receive food and then they would suffer hypoglycaemic attacks. *"One diabetic resident who was put to bed in the afternoons. A few times they went into shock as they had not been wakened to be given a snack. They were supposed to have special medication- tablets but there were none so I had to run downstairs to the staff room to get a bottle of lucozade from the machine there...this happened regularly."*

- Another agency nurse reported seeing poor pain management. She noted that even when residents were prescribed analgesia, staff failed to meet the anticipatory care needs of a resident who had a grade 4 pressure sore and was evidently in pain.

Number of days when Medicine Errors/Issues occurred:
July 2014 - March 2017



RQIA Medicines Management Inspections

The RQIA inspection reports for Dunmurry Manor are reviewed below (see Theme 5.) In that section a recommendation is made that the RQIA should introduce an integrated inspection model. At present (and during the period of this investigation) it currently carries out separate Medicines Management Inspections.

Since Dunmurry Manor opened in July 2014 five Medicines Management inspections have been carried out:

- 14th January 2015
- 6th May 2015
- 7th September 2015
- 16th March 2016
- 18th October 2017

The 14th January 2015 inspection report noted that the home was moving towards compliance with the minimum standards in respect of medicines management. Whilst no significant areas of concern were highlighted, the report stated six requirements and five recommendations relating to medicines management. The summary of the inspection report stated that the *“arrangements for medicines management are moving towards compliance with the minimum standards.”* It further said that *“no significant areas of concern though some areas for improvement were noted”*.

Similarly, the inspection on the 6th May 2015 stated that there were no significant areas of concern and reported that the management of medicine was found to be safe, effective and compassionate. However, not all the requirements and recommendations from the first report had been met. These related to pain assessments being in place and the need to ensure that a care plan was in place which reflected the roles and responsibilities of care staff

in the management of insulin dependent residents. In addition, the 6th May 2015 report noted the need for a recording system for medicines prescribed on a when-required basis for the management of distressed reactions.

A desktop review of the “Regulation 29 Reports” (Reg 29) for 2015 notes significant numbers of medications errors in the home across more than eight months. The April 2015 Reg 29 report specifically refers to *“concerns re medicines management”*, yet at the inspection on 6th May 2015 the management of medicine was found to be safe, effective and compassionate. The concerns raised one month before were not examined in the inspection reports.

The report from the 7th September 2016 RQIA inspection reported that some elements of the management of medicines promoted the delivery of safe care and positive outcomes for residents. There were however a further seven new requirements and six recommendations to ensure the management of medicines in the home supported the delivery of safe, effective and compassionate care. It was noted that *“the management of medicines supported the delivery of compassionate care”*. The report highlighted that there was limited evidence to indicate that the service was well led and it noted concerns regarding a deterioration in the service.

Although the Medicines Management inspection did not lead to enforcement action the subsequent Failure to Comply Notices (three) issued in October 2016 referred to failures to comply with the minimum standards relating to the assessment and management of pain. Reference was also made to the late provision of morning medication.

The next Medicines Management inspection was undertaken on the 16th March 2017. This was during the period of continuing non-compliance with the failure to comply notices imposed in October 2016. The inspection of the 16th March notes that areas for improvement regarding medicines management had been addressed in a largely satisfactory manner, except for cold storage and the safe disposal of medicines. Otherwise evidence observed during the inspection indicated that the management of medicines supported the delivery of safe, effective and compassionate care and that the service was well

led. Improvements that had taken place were acknowledged and it was emphasised by the regulator that these improvements needed to be sustained. The 16th March 2017 inspection took place in the month following the highest recorded medicine incidents found by the investigation. This spike in medicine incidents was not reflected in the inspection report.

The most recent Medicines Management inspection at Dunmurry Manor was carried out on 18th October 2017 at which time a requirement relating to the cold storage of medicines was restated.

Findings of the investigation in relation to Medicines Management in Dunmurry Manor

The table below is a summary of the investigation findings in relation to medicines management for the older people residing in Dunmurry Manor:

	Theme 3: Medicines Management
MM 1	Medication errors / omissions leading to noticeable spikes in numbers of safeguarding incidents for residents (cross-reference with Theme 1).
MM2	Frequent examples of residents not getting medications on time, wrong medications or inappropriate dosages.
MM3	Ineffective process for the timely ordering and ongoing prescribing of drugs required by residents.
MM4	Inappropriate and unsafe drug storage, including drugs going missing.
MM5	Poor practices in management of drug dispensing and administration including relatives having to collect medications.
MM6	Poor record keeping in relation to medicines management.
MM7	Poor reported experience in relation to medicines management by residents' families.

Recommendations: Medicines Management

- R16: Dunmurry Manor should consistently use a Monitored Dosage System for medicines administration which would prevent many of the errors identified in this investigation for the administration of regular medications.
- R17: Care must be taken by staff to ensure any medicine changes, when being admitted / discharged from hospital, are communicated to the medical prescriber in order to institute a proper system to identify and amend any errors.
- R18: Families of residents must have involvement in changes in medication prescribing. Explanation should be provided so that resident and family members understand the reasoning for any change.
- R19: Staff should ensure it is clearly documented on each occasion why a resident might not be administered a medication.
- R20: A medications audit must be carried out monthly or upon delivery of a bulk order of medication. This must be arranged with a pharmacist. To assist with more effective medicines management, providers of care homes should consider contracting with their community-based pharmacist (for a number of hours each week) to ensure that medicines management is safe and effective. The pharmacist could assist in staff training, identify where there are competency issues in the administration of medications and improve medicines governance within the home.
- R21: The RQIA Pharmacist inspectors need to review all medication errors reported since the previous inspection and review the Regulation 29 reports in the home to ensure steps have been taken to improve practice.

4.4 The Environment And Environmental Cleanliness

Conclusions: Environment And Environmental Cleanliness

The evidence gathered during the investigation supports the following conclusions in relation to the environment and environmental cleanliness at Dunmurry Manor:

- Dunmurry Manor, a newly built home that was to serve as a specialist facility for residents with dementia, failed from an early stage to consistently provide the residents with a safe and clean environment.
- The Environmental cleanliness in Dunmurry Manor did not consistently reach the standards set out in the Nursing Home Standards. As recently as March 2017, Northern HSC Trust monitoring demonstrated unacceptably poor environmental cleanliness in residents' rooms.
- In some cases, the unacceptable lack of cleanliness represented a significant threat to the health and safety of residents. This includes concerns about residents' personal care and cleanliness, infectious disease outbreaks and the safety of residents if there had been a major fire on the premises.
- On the evidence provided by former workers and the RQIA reports there was an unacceptable lack of training on health and safety, fire safety and environmental issues.
- Whilst the physical building met the required standards for a residential and nursing home, the layout of Dunmurry Manor caused practical issues. The layout of corridors made it more difficult for members of staff to track residents' movements and location and the home was understaffed to provide the safe and compassionate care for the number of residents it had admitted.
- The security of Dunmurry Manor was not consistently maintained, with residents able to leave without staff becoming aware.
- There were many problems with the availability of equipment in Dunmurry Manor, limiting the ability to provide care and requiring, in some cases, residents having to share equipment or staff having to buy their own medical equipment.
- Despite environmental issues being frequently referred to in interviews and submitted evidence, there are very few references to these issues in RQIA inspection reports.

The environment older people live in is a key contributor to the quality of their care. Whether it be the design of a facility, the standards of cleanliness,

or the state of equipment. Flaws and failings in a home's environment have the potential to pose a serious risk to an older person's health, safety and enjoyment of their home.

Reflecting this, tools to assess the quality of life for those in care homes, such as the ASCOT model, list 'Accommodation, Cleanliness and Comfort' as one of their key domains of assessment. Even if a facility is cleaned to a very high standard, it is possible that the design of the home may make it an unsuitable place for some older people to live, especially those living with dementia. Each HSC Trust should consider the suitability of the home environment for their individual clients' needs. Those with dementia can particularly benefit from facilities with small scale living units, additional space for activities and good signage.¹⁹

Legislation and Standards

Standard 1 – 'Before Admission': "Aids or specialist assessed equipment are in place before admission."

The need for appropriate/sufficient aids or equipment is referenced in Standard 21 (health care, concerning those necessary for continence management), Standard 22 (falls prevention), Standard 23 (prevention of pressure damage), Standard 33 (resuscitation), Standard 43 (environment), Standard 39 concerning staff training and development, states that all staff required to use equipment and medical devices must have attended requisite training.

Standard 43 – Environment: 'The internal and external environment for the home is arranged so as to be suited to the needs of residents' – including:

- 'All furniture and furnishings in the home are suited to the needs of residents.'
- 'The environment is safe for residents with risks for falling and slipping minimised.'
- 'A noise management policy is in place...There is evidence that steps

are taken within the home to minimise noise.'

- 'Bedrooms are personalised with the resident's possessions to suit their needs and preferences' – including name, photos, personal objects or memory boxes.
- 'Garden space is safe and secure and easy to find from inside the home.'

Standard 44 – Premises: 'The premises are safe, well maintained and remain suitable for their stated purpose'. The building must be 'kept clean and hygienic at all times in accordance with infection control best practice.'

'The procedures for maintaining the premises, grounds, engineering services and care equipment are in line with the relevant statutory requirements, approved codes of practice and the manufacturers' and installers' instructions.'

'The temperatures at all hot water outlets at wash hand basins, showers and baths accessible to residents are maintained in accordance with the safe hot water and surface temperature health Guidance Note.' – with the water temperature in areas used by residents being between 19-22°C.

¹⁹ <https://www.jrf.org.uk/report/designing-and-managing-care-homes-people-dementia>

Standard 45 – Medical Devices and Equipment:

'Medical devices and equipment provided for residents' treatment and care are used safely.' This standard also requires:

- 'Staff have up to date knowledge and skills in using medical devices and equipment for the provision of treatment and care. There is a record of the training provided and competency demonstrated'.
- 'There are processes in place for the servicing, reporting of incidents, accidents and near misses. There is evidence of staff learning from such incidents.'

Standard 47 – Safe and Healthy Working Practices: 'The home is maintained in a safe manner':

- 'There are health and safety procedures which comply with legislation...and the maintenance of equipment'.

Standard 48 – Fire Safety, 'Precautions are in place that minimise the risk of fire and protect residents, staff and visitors in the event of fire.'

- 'All staff have training in the fire precautions to be taken or observed in the home, including the action to be taken in case of fire. The training is provided by a competent person at the start of employment and is repeated at least twice very year.'

The Nursing Homes Regulations (Northern Ireland) 2005, 27(4), (b) take adequate precautions against the risk of fire, including the provision of suitable fire equipment, (c) provide adequate means of escape.

Poor Practice

All those families interviewed by the Commissioner's office stated that they were initially very impressed with the environment and facilities on offer in Dunmurry Manor. Indeed, many families visited Dunmurry Manor prior to placing their elderly relative into the home and first impressions were extremely positive. The environmental cleanliness of the home appeared excellent and there appeared to be sufficient house-keeping staff to keep a high standard of cleanliness. Residents' rooms were spacious and comfortable as were the communal areas. Relatives appreciated that there was somewhere that they could go and have a cup of tea with their relative.

However, within a very short period after opening, in July 2014, families were starting to raise their concerns in relation to environmental cleanliness. The commissioning HSC Trusts were also noting their concerns and raised these with the relevant staff in Dunmurry Manor. There were some environmental issues in the early stages of the home opening, such as the supply of hot water and drains smelling and not always functioning properly. These were eventually rectified and the issues resolved.

Other environmental problems seemed more difficult to resolve and some interviewees gave the following information:

- A resident's sink remained broken for ten weeks. Resident E remained in the room but without use of his bathroom. A family member became so frustrated she offered to get a plumber to fix it herself.

- A staff member stated that the blood pressure monitor had been broken for so long that she bought her own. Batteries were missing from the blood pressure monitors and oxygen saturation monitors. Staff members were aware that there was a lack of continence pads available.

There were reports of problems with environmental cleanliness in Dunmurry Manor that appeared to be not just instances of poor practice, but a threat to the health and safety of residents. Those referred to in the submitted evidence by RAs included:

- Airflow mattresses being broken or disconnected from power
- Instances of EColi outbreaks in Dunmurry Manor – infecting residents with pressure sores
- Concerns about legionella checks
- Water pressure and temperature control

There were outbreaks of vomiting and diarrhoea in Dunmurry Manor in April 2015, April 2016, norovirus in May 2016, from which the home was not clear of the causative factors for two weeks after the start of the outbreak and June 2016.

As recently as 10 March 2017 (a month after the Commissioner had commenced the investigation into Dunmurry Manor), a Northern HSC Trust report of a monitoring visit listed many instances of poor environmental cleanliness in resident rooms, including:

- Bed sheets not being clean
- Faeces on the floor
- Dirty rooms being signed as cleaned
- Urine stains on floors
- Dried blood and faeces on beds and chairs

The problems were not isolated – of the 60 rooms reviewed on that occasion, there was a cleanliness issue in 46 of them.

In contrast to RQIA inspection reports from this time, the inspection process did not have the same level of insight into this situation and did not reference inspecting individual resident's rooms. The 4th January and 27th January 2017 RQIA inspection reports did not reference inspection of residents' rooms. This divergence of observation is difficult to explain and in interview, RQIA officials were unable to provide an explanation.

The 16th March 2017 RQIA Medicines Management inspection referred to intelligence received about the cleanliness of Dunmurry Manor and that as part of the inspection cleanliness of some areas of Dunmurry Manor would be reviewed. The Inspectors found that *"following a tour of the home, review of patient bedrooms and bathrooms, it was evident that the home was well presented and clean. This was acknowledged with staff. No malodours were noted."* RQIA reports in 2016 reflect similar observations.

A care inspection report from the 17th October 2016 references that *"a review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, the dining room and storage areas. In general, the areas reviewed were found to be clean, reasonably tidy, well decorated and warm throughout. The majority of patients' bedrooms were personalised with photographs, pictures and personal items."*

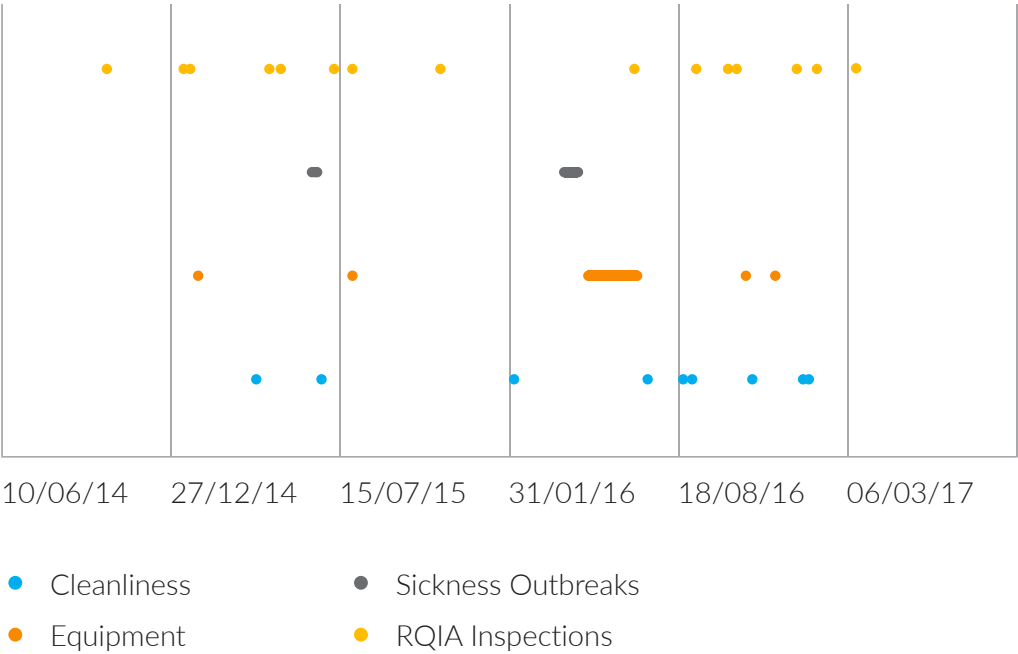
The estates inspection report of the 24th October 2016 examined issues around water temperature, fire alarms, lifts and other equipment and does not mention cleanliness in rooms or in shared areas of Dunmurry Manor. Additionally, a 24th June 2016 care inspection report states that *"the home was evidenced to be fresh-smelling, clean and appropriately heated."* Other inspection reports in 2016 do not discuss cleanliness and hygiene within Dunmurry Manor.

The findings of the monitoring visit by Northern HSC Trust officials in March 2017 combined with reports from interviewees of other issues and incidents that happened in Dunmurry Manor, indicate clear breaches of Standard 44, including the requirement for the building to be *"kept clean and hygienic at all times."*

Evidence submitted in investigation interviews included references to residents' continence products not being changed and residents' being found soaked with urine, or bags of used continence pads being left on

the floor / in the residents' rooms. One family member recounted coming in one day to a *"horrific"* smell, another reported examples of *"faeces on the curtains and night clothes"*. A further witness advised the Commissioner that not all the kitchen assistants had achieved basic food hygiene certificates and that Runwood Head Office would not support them obtaining them even when it had been agreed within Dunmurry Manor management that this basic training should be done. No evidence to counter this was ever provided by Runwood.

Hygiene and Equipment Issues
(and corresponding sickness outbreaks)
June 2014 - March 2017



Hygiene and Equipment issues in this graph include Sickness Episodes (an episode of sickness affecting a number of residents in the home that lasts for a prolonged period), Equipment (the equipment intended to assist the care of residents being unavailable, damaged or unable to be operated), and Cleanliness (areas of the Home not being cleaned, furniture/objects in the Home not being cleaned, waste products not being disposed of/binned correctly).

Design of the Home

Whilst families were initially impressed with the environment of Dunmurry Manor, a number of staff told the Commissioner that they had concerns regarding the design and layout of the home. They expressed concerns about the length of the corridors and dead ends where residents could congregate and not be visible to staff who were responsible for monitoring residents. The nurse and care staff station was located in the centre of the building rather than one at each dead end of the corridor.

A care setting may be able to be “signed off” by the RQIA as ready to receive residents but that does not mean that the design or layout of the home meets dementia-friendly design standards. Regrettably design and layout are not a requirement for a home which specialises in dementia care.

One HSC Trust member of staff identified a problem with the ‘U shape’ of the home, because residents clustered in corridors and this could create opportunities for falls and resident on resident assaults or altercations. Another HSC Trust employee thought Dunmurry Manor was laid out poorly and should have the dementia unit downstairs and the residential unit upstairs (as the residents in the residential unit were generally more mobile and able to use stairs and lifts). One former member of staff at Dunmurry Manor expressed concerns that the unit was simply too big for the limited number of staff employed and on duty.

“The rooms can be beautiful but it is basically a gilded cage” was how one former staff member described Dunmurry Manor environment.

Equipment

Members of staff from Dunmurry Manor recounted examples of delays in ordering essential equipment and supplies and of

restrictions placed on ordering by shared budgets with other departments. One former member of staff recalled having to *“buy stuff out of my own pocket; you would give them your receipt but you would never see the money again.”* Others recounted that orders would not appear or head office would decline them – one order for hats and tea towels had not appeared six months after ordering with no explanation of why.

Security

Given the resident profile in Dunmurry Manor, with most residents living with dementia, it was important that security of the environment was of the highest standard. Residents were required to be kept safe and secure within the home and steps taken to safeguard them from any environmental risks. However, there were incidents which occurred when residents were unaccounted for and were not found by staff from Dunmurry Manor. These were occurring relatively soon after Dunmurry Manor opened. Two residents managed to climb over a wall in August 2014 and January 2015 and were escorted back to the home by staff and one resident by the PSNI.

Another resident was found three streets away in the snow on two occasions in January and March 2015. In 2016, there was an incident where two residents left the home, and approximately three hours later one resident was taken back to Dunmurry Manor by a neighbour and one by the PSNI. There were also some incidents where residents were still in Dunmurry Manor but were not accounted for when initial searches took place. In at least one case the resident’s family was contacted and put through the distress of being told they were missing before the resident was found. Conversely, families and the HSC Trust on occasions were not made aware when

residents had managed to leave the home unaccompanied and unobserved.

Fire Safety

The lack of evidence of fire safety expertise in Dunmurry Manor was another area of concern in both documentation and witness evidence. There were various problems with the fire doors resetting. Before the Dunmurry Manor building was registered as a nursing home with the RQIA, a ‘dead end condition’ was identified in the home, where if a fire had broken out only one escape route would be available. This affected three residents’ rooms who would need to be prioritised and assisted by staff in the event of an evacuation. This was accepted as a plan to manage this part of Dunmurry Manor but was not supported by witness evidence from former staff.

However, in 2015 a representative of the RQIA voiced their concerns regarding the level of fire safety training undertaken, with an example cited of staff not recognising when a patient was setting off the fire alarm. Staff were on record as saying their training was poor and they were not told how to respond to the fire alarm. Other staff reported not being told where the fire doors were, while one former member of staff said the fire drills were *“hopeless.”* It is difficult to be assured that staff were sufficiently trained and aware of fire protocols to safely evacuate residents from areas like the ‘dead end’ corridor in the event of a major fire. The provisions in the 2005 nursing home regulations and Standard 48 of the nursing home standards

about safe escape from fire and all staff having training and knowledge of what to do in the event of a fire were not met. This is evidenced by testimony of former staff to the Commissioner and instances of unsatisfactory responses to fire alarms quoted in inspection reports (15/10/2014, 21/01/2015).

These five different areas, which contributed towards problems with the environment in Dunmurry Manor all appear to contradict aspects of the RQIA’s ‘Key Indicators for Inspectors’ – especially in assessing ‘Is Care Safe?’ These include the following:

- Equipment and medical devices are available, well maintained and regularly serviced
- Adequate precautions are in place against the risk of fire
- Arrangements are in place to maintain the environment e.g. Servicing of lifts, boilers, electrical equipment, legionella risk assessment
- There are no malodours noted within the home.²⁰

The evidence given to the investigation is that there were consistent examples of Dunmurry Manor falling short of these indicators and is a further signal that Dunmurry Manor was not providing safe and effective care.

²⁰ <https://www.rqia.org.uk/RQIA/files/9e/9e59168c-003e-461d-9f1d-a32fa400dd5e.pdf>

Findings of the investigation in relation to Environment and Environmental Cleanliness

Cleanliness, the layout of Dunmurry Manor and equipment issues and concerns were consistently raised with the Commissioner in interviews with families and staff during the investigation.

The table below is a summary of the investigation findings in relation to the environment and environmental cleanliness for residents of Dunmurry Manor:

	Theme 4: Environment and Environmental Cleanliness (EC)
EC1	Reported poor environmental cleanliness, health and safety.
EC2	Concerns raised that the physical environment is not conducive to the management and safety of residents with complex needs.
EC3	Non-availability of medical equipment and machinery which was properly functioning (as well as fixtures and fittings).
EC4	Lack of evidence of fire safety expertise, training and fire drills.

Recommendations:
Environment and Environmental Cleanliness

- R22: It must be a pre-registration requirement for RQIA and a pre-contract requirement for HSC Trusts that all new care homes specialising in dementia care comply with dementia friendly building standards (and that buildings already in place are subject to retrospective “reasonable adjustment” standards).²² This must form part of periodic inspections to ensure suitability is maintained.

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

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

R25: The RQIA must review how effective inspections are for periodically covering all of the regional healthcare hygiene and cleanliness standards and
- exposing gaps that a home may have in relation to these.

R26: Consideration should also be given to expanding these Standards in line with the NHS ‘National Specifications for Cleanliness’, which emphasise additional issues like the cleaning plan of the home and a specified standard of cleanliness for different parts of the home/different types of equipment.

R27: The programme of unannounced ‘dignity and respect spot checks’ should also include assessment of the suitability and state of the environment. In Dunmurry Manor the breaches of key environmental indicators raise the question of whether residents were being treated with appropriate dignity and respect and whether this should have triggered warning signs about Dunmurry Manor at an earlier stage.

²² <http://www.nrls.npsa.nhs.uk/resources/?entryid45=75240>

4.5 Regulation And Inspection

Conclusions: Regulation And Inspection

The evidence gathered during the investigation supports the following conclusions:

- A very significant finding from this investigation has been the apparent disparity between the evidence gathered by the Commissioner which overwhelmingly demonstrates failures in care at Dunmurry Manor which are not in accordance with the findings of inspection reports.
- 23 inspections were completed over a period of 39 months. This seems a high number (given the recent proposal by the Department to move from a minimum of two to one inspection per annum). However, the targeting of inspections at poorer performing homes should be the priority for the RQIA. Such an approach would only work well as part of a sustained programme of improvement work carried out in partnership with the provider of the care home, the relevant HSC Trusts and the RQIA.
- In the case of Dunmurry Manor the Commissioner is of the opinion that there is limited evidence of such a coordinated and sustained approach having been taken particularly when the evidence led to three Failure to Comply Notices being served on Runwood.
- At the point of issuing the FTCs a clear improvement plan should have been the priority of the RAs to ensure that the residents in Dunmurry Manor were receiving safe, effective and compassionate care.
- It is clear from the inspection reports that only a very small number of relatives, visitors or representatives were spoken to during inspections. There is little evidence of a thorough approach to obtaining the views of relatives being taken by the RQIA. From review of the inspection reports it would seem that the views of only 14 relatives, visitors or representatives were obtained in the first year of the home operating. Since that time there have generally been very low numbers of relatives contributing their views on the care delivered at Dunmurry Manor as evidenced in the inspection reports.
- Staff were reluctant to be seen talking or communicating with RQIA inspectors during inspections due to a fear of reprisal from management.
- There is little value in undertaking separate inspections for Care, Medicines Management, Premises and Finance. The Commissioner would like to see integrated inspections introduced as soon as possible. Although the investigation team has been told about consideration of this approach, it appears that this has not yet progressed to implementation.
- At the point at which the failure to comply notices were issued the evidence available to the Commissioner would lead to the view that more decisive action should have been taken to protect the wellbeing of the residents at Dunmurry Manor.

- The length of time given to make improvements to the care being delivered at Dunmurry Manor must be emphasised. The failure to comply notices were issued on the 25th October 2016 however at the 4th January 2017 inspection there was no evidence of full compliance and a decision made on the 5th January 2017 to extend the compliance date to the maximum legislative timeframe of 90 days i.e. the 27th January 2017. Compliance was not achieved by that date and thereafter a notice of proposal to issue conditions on the registration of the home was served on the 6th February 2017. Despite further inspections it was not until the inspection of the 28th July 2017 that the registration conditions were removed. This was nine months after the serious concerns highlighted in the late October 2016 inspections.
- This raises a fundamental question over the time which should be allowed for improvements to be made that will give assurance that these will be sustained over time. During this timeframe there remained serious concerns regarding the welfare of the residents in Dunmurry Manor. How long is long enough to work in a collaborative way to ensure that older people are protected and well cared for in a care home? In this instance it is the view of the Commissioner that there was an inadequate response to the contravention of regulations.
- There is often no apparent clarity in the way inspection reports are written which would give a quick and clear picture of the assessment which the RQIA has given of the quality of the services being delivered by care homes. Whilst the Commissioner's team has been advised about "*work ongoing*" to consider the introduction of a performance rating system for care homes, to date this has not been implemented.
- There is no evidence of lay assessors/ inspectors being used in any of the inspections at Dunmurry Manor and the Commissioner would ask the RQIA to review its approach to the use of lay assessors/ inspectors.
- None of the inspections were carried out during the night or at weekends. Given the substantial number of incidents reported to the RQIA, inspections should have been carried out at the weekend or during the evenings to capture the full picture of Dunmurry Manor. A number of the incidents reported occurred at night or at the weekend.
- In 2014 an independent consultancy report recommended that the RQIA discuss with the (then) DHSSPS the opportunity to change the fees and frequency regulation and move to a "*risk-based approach to inspection*".
- Whilst the Commissioner would not disagree with this recommendation and has noted in this report that inspections should indeed be targeted at poorer performing care homes within the

approach of an integrated inspection model, Dunmurry Manor was inspected 23 times in 3.5 years.

- The same consultancy report also recommended in 2014 that the RQIA moves to a single inspection model of inspection that covers areas critical to patient safety. Review of the board minutes of the RQIA demonstrate that work has begun on some of the changes recommended since 2014, however the pace and scope of the changes in that time is inadequate and a number of key changes and improvements have not yet reached implementation.

The RQIA registers and inspects a wide range of health and social care services. These inspections are based on care standards which are set to ensure that both the public and service providers know what quality of services can be expected.

The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 established the RQIA as an independent body “responsible for monitoring and inspecting the quality of Health and Social Care services in Northern Ireland and encouraging improvements”. This legislation does not however prescribe how this role should be carried out. It is the responsibility of the RQIA Board and Executive team to determine the best approach to carry out its functions.

In Northern Ireland inspections by the RQIA take place on an unannounced basis (since 2015). The current inspection process has seen a degree of change since the previous Commissioner reported in 2014 in the “*Changing the Culture of Care in Northern Ireland*”. At that time the inaugural Commissioner recommended that:

- Inspection processes must focus on the quality of life of the service users and ensure that their fundamental care needs are met. To deliver more rigorous and rounded inspection processes, inspections need to be longer and seek the views of service users and relatives. More time and resources may be needed to achieve this. Rigorous inspection processes would potentially highlight poor quality care at an earlier stage and could lead to a higher standard of experience and ‘lived’ care for older people.
- Increased numbers of unannounced inspections and wide use of night inspections would help give a fuller indication of the day to day life of the care service and also aim to identify any compliance issues.
- For an inspection to be truly informative about the lived experience of older service users, the views of older service users and their relatives need to be drawn out as part of the inspection process, and need to inform the results of the inspection.

Since 2014, the Commissioner’s office has continued to be involved in legal advocacy and casework concerning the experiences of older people in care settings across Northern Ireland. The Commissioner retains an active interest in inspection processes and considering whether these processes accurately examine key signs which relate to the ‘quality’ of the individual’s experience within the care setting.

Legislation and Standards

The following Standards apply;

Regulation 34 of the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003. Each Board and Trust shall put in place arrangements for monitoring and improving the quality of the health and personal social services which it provides to individuals and the environment in which it provides them.

Regulation 35(4) - if the RQIA is of the view that the body or service provider being investigated, the health or personal social services are of ‘unacceptably poor quality’ (a) or (b) there are ‘significant failings in the way the service is being run, then (5) the RQIA may recommend that the Department take special measures in relation to the service provider.

Regulation 39 can issue an improvement notice on an agency if they believe they are failing to comply with any statement of minimum standards, which will specify in what respect there is a failure to comply, and what improvements are considered necessary.

Regulations 12-27 deal with the registration of managers, registered persons and of the home. 12(1) says that ‘any person who carries on or manages an establishment or agency of any description’ without being registered shall be guilty of an offence. Regulation 15 (1) (c) provides for the cancellation of registration of a person ‘on the ground that the establishment or agency is being, or has at any time been, carried on otherwise than in accordance with the relevant requirements.’

Regulation 38 states that the Department will publish and amend minimum standards and these should be taken into account by the RQIA around decisions to cancel registrations.

Regulation 39 gives the RQIA the power to serve an improvement notice on a registered person if they believe they are failing to comply with the minimum standards.

Regulation 40 gives the RQIA power to ‘at any time enter and inspect premises’ and require the Manager to provide them with relevant information.

Regulation 41 gives the RQIA powers to request relevant information from a HSC Trust or service provider to provide it with relevant information.

RQIA Enforcement Policy (April 2017) states that enforcement action will be ‘proportionate and related to the level of risk to service users and the severity of the breach of regulation’. RQIA will follow up enforcement action to ensure that quality improvements are achieved

Dunmurry Manor was registered by the RQIA on the 16th July 2014 as a residential and nursing home with a ground floor accommodating 36 residents with dementia and on the first floor 40 patients with dementia requiring nursing care.

Set out overleaf are two examples of anonymised testimonies from witnesses interviewed as part of the investigation which are relevant to this particular theme:

Re: RES K

A relative of Resident K told the investigation team:

"On two occasions the RQIA were inspecting whilst I was there. On the first I approached the inspector and asked them to attend at a care meeting about my relative which was due to take place that day. The inspector agreed to do so. The inspector attended however left after ten minutes and there was no further contact or follow up from them afterwards.

On another occasion, I asked a different inspector who was downstairs to please come and meet with residents and their families upstairs. The inspector did not do so.

I felt that concerns by Trusts or the RQIA should have been brought to the attention of relatives at the outset. I was also not made aware that inspection reports were available to the public."

Re: RES D

Resident D's relative told the investigation:

"I was not aware of any concerns having been raised by Trusts or the RQIA before placing my relative. These should have been brought to our attention at the outset. Our family was not made aware that inspection reports were available prior to placing our loved one in Dunmurry Manor.

When I contacted the RQIA after my relative's accident, I was told that I should go to the Trust with my concerns, that the RQIA was there to "regulate only" – I found this strange. With hindsight, our family did not know the role of the RQIA – I am still confused as to their role. I think that the RQIA is useless and not fit for purpose. There needs to be a change in legislation in how care homes are run."

Observations From Evidence

Some experiences of residents, especially in respect of unexplained severe weight loss and grade 4 pressure sores raise concerns of neglect. Interviews with relatives, former staff and some HSC Trust staff revealed numerous serious incidents and red flags in relation to care. This is in stark contrast to what RQIA inspectors gleaned from relatives in their discussions and questionnaires.

A number of former Dunmurry Manor staff told the Commissioner that they were instructed not to speak to RQIA inspectors. They reported that if any of them were seen speaking to inspectors they were immediately interrogated by senior staff as to what they had said. RQIA therefore did not hear these messages of concern and it appears that few issues of complaint were raised with them during inspections.

While the South Eastern HSC Trust had concerns from an early stage regarding the fundamentals of care in Dunmurry Manor. Some HSC Trust managers found it difficult to escalate these concerns within their organisation. Others frequently rang the inspectors in RQIA to raise their concerns. The monitoring visit by a member of staff of the Northern HSC Trust on 10 March 2017, of every resident and their rooms, was so concerning that urgent meetings were immediately held with the other HSC Trusts. RQIA was forwarded a copy of the schedule of findings. These were consistent with those identified in this investigation and included: a lack of person centred care, poor staffing levels, lack of record keeping, issues with administration of medications and significant environmental cleanliness issues, especially foul smelling bathrooms and bedroom carpets.

RQIA then carried out an unannounced Medicines Management Inspection six days later on the 16 March 2017. The catalogue of failings identified by the HSC Trust officials the previous week were not found or reflected by the RQIA inspector. The Commissioner and indeed commissioning HSC Trusts were surprised at this outcome, especially as many of the failings would have taken some time to rectify appropriately. A further HSC Trust monitoring visit on the 27 March 2017 showed some improvements but there were still issues regarding the quality of care.

A HSC Trust official voiced their concerns stating: *"The 10 and, 27 March 2017 reports were copied to RQIA. As a matter of course, we pass to RQIA directly to be kept in touch with what is going on, they do not always come back to you. Often have to chase them. I would have worries about what they do with this information."*

It is difficult to understand why there would be such a difference of opinion between the HSC Trusts and the RQIA in assessing the quality of care and the level of service being delivered in Dunmurry Manor.

It is clear that the RQIA had Dunmurry Manor "on their radar", which is evidenced by the number of inspections carried out. For the purposes of outlining the differences between the inspection reports published on Dunmurry Manor and the investigation findings, a chronology and summary of the inspections is outlined on the pages which follow, alongside a list of some of the incidents which were raised with the Commissioner's office and which were received as part of the disclosure of documentation relevant to the investigation.

Chronology / Timeline Of Dunmurry Manor – Managers, Inspection Findings And COPNI Investigation Findings

Date	Dunmurry Manor Management Status	Summary of RQIA Inspection Findings	Summary of COPNI Investigation Findings
1. July 2014 Pre-Registration Inspection (only RQIA inspections are numbered in this column)	Home opens; 1st home manager appointed	Dunmurry Manor was registered by the RQIA on the 16.07.14 as a residential and nursing home with a ground floor accommodating 36 residents with dementia and on the first floor 40 patients with dementia requiring nursing care	<ul style="list-style-type: none"> Concerns about one corridor in event of fire before Dunmurry Manor opened – requirement for fire training and inductions which were not given to all staff. This became a subsequent concern from RA's in terms of how staff would deal with outbreak of major fire in Dunmurry Manor. Concerns were subsequently raised about the design of the building, its size in relation to staff and 'U shape' design, led residents to wander and cluster in corridors.
End August 2014	1st Manager resigns		Manager 1 in post for 7 weeks
2. Oct 2014 Unannounced Secondary Care Inspection - 5 Requirements and 7 Recommendations.		<p>RQIA had received concerns from the SE HSC Trust regarding practice at Dunmurry Manor. Only 1 visiting relative was spoken to during the inspection. The inspection found:</p> <ul style="list-style-type: none"> insufficient numbers of staff issues with the quality of nursing provision, record keeping, staffing levels, the quality of staffing, food and fluid provision. 	<ul style="list-style-type: none"> Incidents 07/14 – 01/10/14: Medicines 4, Pressures Sores 1, Staff Issues 1, Falls 4, Altercations 2. Serious issues included staff verbally abusing residents, missed medicines, poor pressure care, severe weight loss and unauthorised entry to resident rooms. Residents were admitted with no pain assessments, no weight or MUST documentation and no body maps. All of these issues would feature again at points in the next 3 years, with many still happening in 2017.

Chronology / Timeline Of Dunmurry Manor – Managers, Inspection Findings and COPNI Investigation Findings (continued)

Date	Dunmurry Manor Management Status	Summary of RQIA Inspection Findings	Summary of COPNI Investigation Findings
Mid Oct 2014	Runwood voluntarily close to new admissions	As a result of the inspection (above) the management of the home voluntarily cease new admissions.	Prior to the next inspection, there were incidences of residents being unaccounted for at night, a resident attempting to exit Dunmurry Manor premises after not being administered correct meds, and residents neglected.
3. Mid-January 2015 Medicines Management Post Registration Inspection: 6 Requirements and 5 Recommendations.	3rd Manager - Runwood a “regional” employee in Dunmurry Manor as “Acting” manager	<p>The report noted that there were no significant areas of concern though some areas for improvement were reported particularly relating to record keeping.</p> <p>This report did not follow up on the requirements and recommendations highlighted in the first Care report. This is the practice of the RQIA and a consequence of operating a system of separate Care, Medicines Management, Premises, and Finance Inspections.</p>	<ul style="list-style-type: none">Incidents from 02/10/14 – 14/01/15: Medicines 3, Pressure Sores 4, Staff Issues 3, Neglect 2, Falls 9, Significant Weight Loss 1, Altercations 11, Residents Unaccounted for 6, Violation of Room 3, Unexplained Injuries 3.There had been 7 medicines incidents since Dunmurry Manor opening, and a Medicines Audit in November had found Medicines missing. The January 2015 Inspection Report, while noting discrepancies, does not fully reflect these issues.There were serious incidents during this time - resident fights, residents found in other residents’ rooms and outside the premises. Instances of neglect with UTI’s and dehydration - one resident passing away and another suffering from significant weight loss. In one case inadequate records hampered an investigation.

Chronology / Timeline Of Dunmurry Manor – Managers, Inspection Findings and COPNI Investigation Findings (continued)

Date	Dunmurry Manor Management Status	Summary of RQIA Inspection Findings	Summary of COPNI Investigation Findings
4. End January 2015 Unannounced Care Inspection - 17 Requirements and 9 Recommendations. 3 requirements were stated for the second time.	2nd Manager resigns - Manager in a “regional role” – assumes “Acting Manager” position (3rd Manager)	<p>There was one notification regarding a safeguarding matter.</p> <p>This Care inspection took place only a week after The Pharmacy Inspection and three months after the first Care Inspection.</p> <p>Once again only one relative was spoken to and no questionnaires seeking the views of relatives were sent out. Questionnaires were however issued to staff.</p> <p>The RQIA had concerns that quality of care and service fell below the minimum standards expected: nursing care specifically in relation to dementia practice, the use of restrictive practice for patients, continence management, staffing arrangements, staff training and the fitness of the premises regarding cleanliness.</p>	<ul style="list-style-type: none">Incidents 15/01/15 - 21/01/15: Altercations 1.Manager 2 in post for 5 months.RQIA aware a third of staff had not completed mandatory training, significant areas need deep clean, malodors in bedrooms, infection control guidelines not adhered to.Complaint to RQIA by former staff (February 2015) references bad practices - hygiene, food, mobilising, activities, communication, lack of training and staff.Trust officials were expressing concern about how many times Dunmurry Manor were stating things would improve, but not being able to deliver the improvements.A complaint by a family reflected that their relative had not been washed or changed for seven days.The first report of no hot water throughout the building occurred during this time.
Mid (11th) February 2015		<p>Serious concerns meeting with RQIA.</p> <p>The issues above were reported to the senior management at the RQIA and as a result a serious concerns meeting was held on the 11th February 2015.</p>	<p>Incidents 22/01/15 – 11/02/15:</p> <p>Medicines 1, Falls 4, Environment/ Equipment 2, Unexplained Injuries 1.</p>

Chronology / Timeline Of Dunmurry Manor – Managers, Inspection Findings and COPNI Investigation Findings (continued)

Date	Dunmurry Manor Management Status	Summary of RQIA Inspection Findings	Summary of COPNI Investigation Findings
5. April 2015 Unannounced Care Inspection – 1 Requirement and 2 Recommendations.		<p>The reporting format had changed with a focus on reporting in relation to whether the care was safe, effective and compassionate.</p> <p>Two relatives were spoken to during the inspection. A requirement was made in relation to continence assessment and care planning and two recommendations regarding the auditing of care records.</p>	<p>Incidents 12/02/15 – 05/04/15:</p> <p>Medicines 1, Pressure Sores 1, Falls 3, Altercation 3, Residents Unaccounted for 1, Unexplained Injuries 1.</p>
6. May 2015 Unannounced Medicines Management Inspection - 0 Requirements and 4 Recommendations - Of the six requirements made at the previous pharmacy inspection on the 14th January 2015, 3 had been met		<p>No significant areas of concern however some areas for improvement were identified. These related to there being no care plan for the management of an insulin dependent patient, no pain assessments in place for 3 of 5 randomly selected patients, the need for a recording system for medicines prescribed on a when required basis for the management of distressed reactions and the need to ensure that care plans were maintained for each patient who is prescribed medicine for the management of pain.</p>	<ul style="list-style-type: none">Incidents 06/04/15 - 06/05/15: Medicines 1, Neglect 1, Environment/ Equipment 1, Altercation 1.There was another outbreak of Vomiting and Diarrhea in Dunmurry Manor during this time.One resident was given none of their course of antibiotics for 10 days during this time.An April 2015 Reg 29 Report identified areas of poor practice in the medications management systems.A resident was pushed to the floor by another resident who had not been given their medications that week. They suffered a fracture in the fall.One resident (who also went 5 days without continence pads being changed) exited Dunmurry Manor twice within a week.

Chronology / Timeline Of Dunmurry Manor – Managers, Inspection Findings and COPNI Investigation Findings (continued)

Date	Dunmurry Manor Management Status	Summary of RQIA Inspection Findings	Summary of COPNI Investigation Findings
7. July 2015 Unannounced Care Inspection - 4 Requirements and 2 Recommendations.		<p>The next Care inspection was carried out on the 9th July 2015 once again a period of nearly three months from the previous Care inspection - concern and areas of improvement were to ensure that care in the home is safe, effective and compassionate.</p> <p>No relatives were spoken to during the inspection.</p>	<p>Incidents 04/05/15 – 09/07/15: Medicines 3, Environment/Equipment 2, Altercations 6.</p>
8. July 2015 Unannounced Finance Inspection: 5 Requirements and 1 Recommendation		<p>A Finance inspection was carried out on 30th July 2015. The inspection found care to be compassionate, safe and effective. Regarding the management of finances there were some areas for improvement.</p>	<ul style="list-style-type: none">Incidents 10/07/15 – 30/07/15: Medicines 1, Environment/Equipment 1, Altercation 2, Residents Unaccounted for 1South Eastern HSC Trust note increase in Safeguarding referrals.
End August 2015	Manager 4 appointed “Acting Manager”		<ul style="list-style-type: none">Manager 3 resigns after being in post for 6 monthsManager 4 in post for 10 weeks

Chronology / Timeline Of Dunmurry Manor – Managers, Inspection Findings and COPNI Investigation Findings (continued)

Date	Dunmurry Manor Management Status	Summary of RQIA Inspection Findings	Summary of COPNI Investigation Findings
9. November 2015: Unannounced Care Inspection (11 Nov) . This was the 7th RQIA inspection in 2015. 3 requirements and 8 recommendations. 2 recommendations were reported for the second time.	Manager 5 appointed	This Care inspection was “themed” - underpinned by Standard 19, Communicating Effectively, Standard 20, Death and Dying, and Standard 32 Palliative and End of Life Care. On the day of the inspection care was found to be safe, effective and compassionate. No significant areas of concern were reported however there were some areas for improvement. At this inspection 5 patient representatives were spoken to.	<ul style="list-style-type: none">Incidents 31/07/15 – 11/11/15: Meds. 4, Staff Issues 4, Neglect 4, Falls 1, Altercations 4, Sexual Incidents 1.HSC Trust officials questioning designation as EMI - not accepting residents who previously displayed challenging behaviours.The second half of 2015 saw an upsurge in incidents and poor practice - with residents receiving the wrong medication, being involved in assaults or exiting the premises. One resident was receiving a double dose of their medicines for 27 consecutive days.Testimony given to the Commissioner from an agency nurse reflects a practice of managers telling nurses and care assistants to get residents up early because of backlog of tasks had started.
February 2016	Manager 5 resigns Manager 6 appointed		Manager 5 in post 3 months

Chronology / Timeline Of Dunmurry Manor – Managers, Inspection Findings and COPNI Investigation Findings (continued)

Date	Dunmurry Manor Management Status	Summary of RQIA Inspection Findings	Summary of COPNI Investigation Findings
10. June 2016 Unannounced Care Inspection – 2 Requirements and 5 Recommendations.		There were weaknesses in the delivery of safe care in relation to staffing arrangements and the deployment of staff, the lack of a robust system to monitor the registration of care assistants, the validation of the staff induction training programme, and arrangements for locking doors in the home and the garden area at the back of the home. Two requirements, dependency levels must be kept under review to ensure that the numbers and skill mix of staff is appropriate and a robust system for monitoring the registration of staff must be in place.	<ul style="list-style-type: none">Incidents 12/11/15 – 24/06/16: Medicines, 4 separate incidents (31 cumulative days), Pressure Sores 3, Staff Issues 3, Neglect 7, Falls 1, Environment/Equipment 3 separate incidents (72 cumulative days), Significant Weight Loss 1, Altercations 23, Residents unaccounted for 2, Unexplained injuries 1, Sexual Incident 2.Resident A taken to hospital following serious fall. Family met with Manager and South Eastern HSC Trust Manager contacted Dunmurry Manor re the incident.End June – South Eastern HSC Trust commence Safeguarding investigation regarding Resident A.July - Runwood state they are investigating resident's case.End of July - South Eastern HSC Trust investigation into Resident A case concludes. Family lodge formal complaint following week.The inspection criticised Dunmurry Manor for non-implementation of HSC Trust professionals' recommendations including close obs. records being completed largely in retrospect, incomplete and falsified records, poor communication, lack of staff.
August 2016	Manager 6 resigns; Deputy Manager – “Acting up”, Manager 7		Manager 6 was in post for 5 months

Chronology / Timeline Of Dunmurry Manor – Managers, Inspection Findings and COPNI Investigation Findings (continued)

Date	Dunmurry Manor Management Status	Summary of RQIA Inspection Findings	Summary of COPNI Investigation Findings
11. September 2016 Unannounced Medicines Management Inspection - 7 Requirements and 6 Recommendations		<p>This pharmacy inspection was 16 months after the last Pharmacy inspection. It was reported that some elements of the management of medicines promoted the delivery of safe and positive outcomes for patients. However, the report highlighted that there was limited evidence to indicate that the service was well led. The report noted concerns regarding a deterioration in the service. One relative was spoken to.</p>	<ul style="list-style-type: none">Incidents 25/06/16 – 07/09/16: Medicines 1, Pressure Sores 2, Staff Issues 1, Neglect 4, Falls 3, Environment/Equipment 4 separate incidents (9 Days), Altercation 3, Violation of Room 1, Unexplained Injuries 1, Sexual Incident 4.During this time a resident who had been involved in earlier sexual incidents in Dunmurry Manor was reported as seen leaving bathrooms with another resident appearing dishevelled. Some of these incidents were not reported to the relevant HSC Trust.
October 2016	Manager 7 resigns		Manager 7 was in post for 2 months.
12. 17-18 October 2016 Unannounced Care Inspection – 12 Requirements and 6 Recommendations.	Manager 8 appointed (on day 3 of inspection)	<p>Weaknesses were identified in the delivery of safe care and effective care. Regarding compassionate care a recommendation was made that the negative comments made by relatives during the inspection should be fully investigated by management and actioned as required.</p> <p>Three requirements were made regarding the service being well led.</p> <p>Concerns were also raised regarding governance arrangements and leadership of the home.</p>	<ul style="list-style-type: none">Incidents 08/09/16 – 17/10/16: Medicines 3, Neglect 1, Falls 2, Significant Weight Loss 1, Altercation 2, Sexual Incident 1.21/10 - Reports of residents leaving Dunmurry Manor unnoticed. Family members advise South Eastern HSC Trust via e mail.During this time a resident whose pressure sores had been scored as Grade 2, had their scores suddenly changed to a Grade 4. This extreme change in the score indicated the pressure sores had not been assessed properly the first time.

Chronology / Timeline Of Dunmurry Manor – Managers, Inspection Findings and COPNI Investigation Findings (continued)

Date	Dunmurry Manor Management Status	Summary of RQIA Inspection Findings	Summary of COPNI Investigation Findings
13. 24 October 16 Unannounced Estates Inspection - 1 Requirement and 3 Recommendations.		The requirement was regarding the completion of works in relation to the temperature of blended hot water and water pressure at some outlets.	<ul style="list-style-type: none">Incidents 18/10/16 – 24/10/16: Staff Issues 1, Neglect 2, Residents Unaccounted for 1.HSC Trusts reference problems with record keeping and incident reporting, Care Plans missing basic information, poor staff co-operation with safeguarding investigations and poor staffing levels.
25 October 2016		<p>3 Failure to Comply Notices issued -compliance to be achieved by 04/01/2017.</p> <p>Must manage the home with sufficient care, competence and skill. Must provide services to each patient which reflect their needs and best practice. Must be appropriately staffed by skilled employees.</p> <p>RQIA request Serious Concerns meeting with Runwood. In the meeting a Runwood representative acknowledged the failings of Dunmurry Manor and discussed actions that had and would be undertaken to address the identified concerns.</p>	<ul style="list-style-type: none">Family of Resident A alert RQIA/ South Eastern HSC Trust and media regarding concerns.HSC Trust officials voicing concerns including poor recording and reporting, noncompliance with SALT/ TVN recommendations, medications and high staff turnover and agency employment.HSC Trust official suggests that Dunmurry Manor be referred to the PSNI for Institutional Abuse.
November 2016	Dunmurry Manor closed to new admissions		<ul style="list-style-type: none">Concerned families protest outside Dunmurry Manor.South Eastern HSC Trust issue "Early Alert" to DoH (the Department)

Chronology / Timeline Of Dunmurry Manor – Managers, Inspection Findings and COPNI Investigation Findings *(continued)*

Date	Dunmurry Manor Management Status	Summary of RQIA Inspection Findings	Summary of COPNI Investigation Findings
December 2016	Manager 8 resigns Manager 9 appointed		<ul style="list-style-type: none">• Manager 8 in post 7 weeks. 9th Manager in 2.5 years appointed. The Commissioner receives 2 calls from concerned families and is made aware of whistle blowing.• The Commissioner requested urgent meeting with Minister of Health.• Public Meeting in Balmoral Hotel. COPNI Reps attend• South Eastern HSC Trust, as host Trust, request meetings with Runwood/Belfast HSC Trust• South Eastern HSC Trust contact COPNI with their concerns to notify of Early Alert sent to the Department. Trust Request that two senior members of Runwood staff no longer have input into Dunmurry Manor.• 20/12/16, public meeting about Dunmurry Manor, considerable distress / upset amongst the relatives attending.

Chronology / Timeline Of Dunmurry Manor – Managers, Inspection Findings and COPNI Investigation Findings (continued)

Date	Dunmurry Manor Management Status	Summary of RQIA Inspection Findings	Summary of COPNI Investigation Findings
14. January 2017 RQIA conduct enforcement compliance inspection/ failure to comply with 3 notices issued October 2016, leads to extension of period for compliance on notices to 27/01/2017.		No evidence at the time of the inspection to validate full compliance with the 3 failure to comply notices. However, it is reported that there was evidence of some improvement. Decision was made to extend the compliance date to the maximum legislative timeframe of 90 days. Compliance was therefore required by the 27th January 2017.	<ul style="list-style-type: none">• Incidents 25/10/16 – 04/01/17: Meds. 1, Pressure Sores 1, Staff Issues 1, Neglect 2, Falls 2, Environment 1, Altercations 3, Residents Unaccounted 1, Unexplained Injuries 2• Request for copy of RQIA report by COPNI refused by RQIA (COPNI told it could only access the report when publicly available, 2-3 months later).• Trust Audit report (January 2017) - poor recording, inadequate staffing, slow response times to incidents.• Trusts concern about inadequate delivery of improvement, and leadership within Dunmurry Manor.• RQIA receiving concerns about fluctuating water temperatures, legionella checks, maintenance ordering through HQ in England, and electrics.• Issues with complaints, including a meeting with a family about a serious complaint that was delayed by Runwood for months.• Instances of unsatisfactory care, high weight loss, unexplained injuries for a resident, and a lack of pressure relieving mattresses in Dunmurry Manor. A resident whose Grade 4 pressure sores had been infected with E-Coli passed away - being investigated by the PSNI.

Chronology / Timeline Of Dunmurry Manor – Managers, Inspection Findings and COPNI Investigation Findings (continued)

Date	Dunmurry Manor Management Status	Summary of RQIA Inspection Findings	Summary of COPNI Investigation Findings
15. End January 2017 - RQIA conduct enforcement compliance inspection.		RQIA place notice to impose conditions on Dunmurry Manor. The conditions were that admissions were to cease; the provider must ensure that a nurse manager is working in the home on a day to day basis and the provider must ensure that Regulation 29 monthly reports and copies of any other monitoring reports are provided to the RQIA within three working days of the visits/reports having been completed.	<ul style="list-style-type: none">The Commissioner commenced investigation into Dunmurry Manor (15.02.17)Staff raising concerns regarding cleanliness and hygiene, staffing levels and general care.
16. March 2017 Unannounced Medicines Management Inspection (16.03.17) – 1 requirement and 1 recommendation.	Manager 9 resigns Manager 10 appointed	This inspection report notes that areas for improvement regarding medicines management had been addressed in a largely satisfactory manner, except for the cold storage and the disposal of medicines. The improvements that had taken place were acknowledged and it was emphasised that these needed to be sustained.	<ul style="list-style-type: none">Incidents 28/01/17 – 16/03/17: Medicines 4, Falls 2, Altercations 2, Sexual Incident 1.Manager 9 resigns after 4 monthsHSC Trust staff visit Dunmurry Manor – numerous concerns raised and documented in a Schedule (10.03.17)Staff feedback to a HSC Trust - Runwood wanting to implement lower staffing levels, staff struggling to dress residents, give meds, perform repositioning and attend to personal care at these levels.Question posed by HSC Trust officials that the practices in Dunmurry Manor such as poor quality continence pads used constituted ‘institutional abuse’.

Chronology / Timeline Of Dunmurry Manor – Managers, Inspection Findings and COPNI Investigation Findings (continued)

Date	Dunmurry Manor Management Status	Summary of RQIA Inspection Findings	Summary of COPNI Investigation Findings
17. May 2017 Unannounced care inspection – 1 requirement and 2 recommendations. 1 stated for the second time.		A care inspection was carried out 4 months after the conditions notice had been served. This reported that there was evidence of improvement in the safe delivery of care. Further improvement was still needed in the effective delivery of care with shortfalls highlighted. It was noted that relatives were generally complimentary however a small group of relatives were negative. The inspection report notes that 4 relatives were spoken to with 3 expressing dissatisfaction - no evidence to validate that actions in two failure to comply notices had been fully met and conditions on the registration of the home remained in place.	
18. End June 2017 Unannounced Care Inspection – No areas for improvement were identified.		A further care inspection was carried out because of an anonymous telephone call and a whistleblowing letter to the RQIA. The inspection set out to investigate possible breaches in the Nursing Home Regulations (Northern Ireland) 2005. One visitor/representative was spoken to. No new areas for improvement were noted in this report. It was however noted that the areas for improvement in the 4th May 2017 report were not reviewed in this inspection.	
19. July 2017 Unannounced Care Inspection – No areas for improvement were identified		This inspection was undertaken following communication from Runwood indicating that they considered Dunmurry Manor to be compliant with the FTC notices. The inspection report concluded that because of the sustained improvement in the areas inspected, the conditions on registration of the home imposed on the 13th April 2017, were removed.	

Chronology / Timeline Of Dunmurry Manor – Managers, Inspection Findings and COPNI Investigation Findings (continued)

Date	Dunmurry Manor Management Status	Summary of RQIA Inspection Findings	Summary of COPNI Investigation Findings
20. August 2017 Unannounced Care Inspection – No areas for improvement were identified.		Three weeks later a further care inspection was undertaken because of the forced closure of another Runwood care home. The inspection was carried out to ensure appropriate arrangements were in place for the safety and wellbeing of those patients in Dunmurry Manor.	
21. October 2017 Unannounced Medicines Management Inspection - 1 Requirement relating to the cold storage of medicines was restated.		The recommendation relating to the disposal of medicines had been met. As a result of the inspection the provider also had to comply with the need to review the current systems to ensure that a record of all incoming medicines is maintained.	
22. January 2018 Unannounced Estates Inspection – 2 areas for improvement.		Evidence of good practice was found in relation to the planned refurbishment of interior surface finishes and building services. A previous requirement and three recommendations had been met.	
23. End January 2018 Unannounced Care Inspection – 1 area for improvement.		The most recent inspection at the time of writing this report was a Care inspection on the 29th January 2018, five months since the previous Care inspection. This report concludes that the home is maintaining standards and some areas of good practice are recorded in the report. One area for improvement was highlighted, relating to the need for registered nurses to record any changes to catheter care and management in accordance with best practice and clinical guidelines.	

TOTAL: 23 Inspections in three and a half years
= an average of one inspection every 1.82 months

Approaches to Regulation

RQIA's inspection approach is underpinned by the Better Regulation Commission's principles of good regulation and by the Hampton Principles²³ which state that regulation should be proportionate, transparent, accountable, consistent and targeted.

On the basis of these principles regulators should bear in mind the following:

- Proportionality – Regulators should only intervene when necessary and remedies should be appropriate to the risk posed and costs identified and minimised
- Accountability – Regulators must justify decisions and be subject to public scrutiny
- Consistency – Government rules and standards must be joined up and implemented fairly
- Transparency – Regulators should be open and keep regulations simple and user-friendly
- Targeted – Regulation should be focused on the problem and minimise side effects

The quality standards for health and social care in Northern Ireland were launched in March 2006. These standards were seen as part of a broader framework to raise the quality of health and social care services to the community throughout Northern Ireland.

The standards were established to give health and social care agencies and other organisations a measure against which they can assess themselves and demonstrate improvement; help people who use services

and carers to understand what quality of service they are entitled to; help to ensure implementation of the duty that health and social care providers have in respect of human rights and equality of opportunity for the people of Northern Ireland and enable formal assessment of the quality and safety of health and social care services.

Five quality themes make up the standards which are applicable to any health and social care environment whether community, primary, secondary or tertiary care.

The five quality themes are:

- Corporate leadership and accountability of organisations
- Safe and effective care
- Accessible, flexible and responsive services
- Promoting, protecting and improving health and social well being
- Effective communication and information

It was determined at the time that the standards would be measured by the RQIA. It was envisaged that the RQIA in conjunction with health and social care organisations, people who use services and carers would agree how the standards would be interpreted to assess service quality.

The RQIA provides public assurance about the quality, safety, and availability of health and social care services in Northern Ireland and encourages continuous improvement in those services and safeguards the rights of people who use services.

The RQIA does this through inspection of services; the reports of these inspections are published (after approximately two months) and are public documents. As

part of its approach to inspection the RQIA uses information, evidence and intelligence presented to it to inform each inspection.

In 2015 the reporting format of the RQIA changed to include a summary at the beginning of the report which describes whether care is safe, effective and compassionate and whether the service is well led.

Within each inspection report, however, there is the following statement:

'It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service... the findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within the report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.'

Each inspection looks for evidence of quality in the four domains of safe, effective, compassionate and well led care.

- Is care safe? Avoiding and preventing harm to people who use services from the care, treatment and support that is intended to help them
- Is care effective? The right care, at the right time in the right place with the best outcome
- Is care compassionate? People who use services are treated with dignity and respect and should be fully involved in the decisions affecting their treatment, care and support

- Is the service well led? Effective leadership, management and governance which creates a culture focused on the needs and the experiences of people who use the service in order to deliver safe effective and compassionate care

If the care being delivered falls below the standard expected, the RQIA has the ability to take enforcement action.

The RQIA does not currently use an assessment framework to assess each domain. The Commissioner understands that a consultation on changes to inspections and the introduction of an inspection assessment framework was undertaken in 2016 but this does not appear to have yet been implemented. It is anticipated that this would include the use of levels of achievement. This type of assessment framework and rating system approach is a common feature of regulators in England and Scotland.

- The Commissioner is of the view that the implementation of a performance rating system should be introduced and would be of benefit to people using services and their families as it would clearly indicate the quality of the services being delivered.
- The approach to inspection in Northern Ireland is similar in many ways to other regulatory bodies. However, the systems in place in Scotland, England and Wales show some differences and there is some value in considering some of the approaches from these other nations (see table overleaf).

²³ Hampton Principles: Reducing administrative burdens: effective inspection and enforcement <http://webarchive.nationalarchives.gov.uk/+http://www.hm-treasury.gov.uk/media/7/F/bud05hamptonv1.pdf>

Regulation and Inspection: England, Scotland, Wales and Northern Ireland

England: Care Quality Commission (CQC)

- Grading system in place. The provider of your care must display the CQC rating in a place where you can see it. They must also include this information on their website and make the latest report on their service available to you.
- The CQC carry out comprehensive inspections and also focused inspections.
- Do not investigate individual complaints.
- The CQC can also hold the provider to account for their failings by issuing simple cautions, issuing fines and prosecuting cases where people are harmed or placed in danger of harm.
- Duty of Candour. The provider of your care must be open and transparent with you about your care and treatment. Should something go wrong, they must tell you what has happened, provide support and apologise.

Scotland: Care Inspectorate

- Grading system in place. The Care Inspectorate awards grades for certain quality themes that have been assessed. These quality themes cover the main areas of a service's work i.e. quality of care and support, quality of environment, quality of staffing, quality of management and leadership.
- Uses lay assessors during inspections - volunteers who have used care services or have helped to care for someone who has used care services.
- Complaints - Anyone can complain to them; people who use the service, their family and friends, carers and staff. The Care Inspectorate will investigate each complaint.
- Duty of Candour.

Wales: Care Inspectorate Wales (CIW)

- The Regulation and Inspection of Social Care (Wales) Act 2016 will change the regulation and inspection of social care in Wales. It will be fully implemented and operational by April 2019.
- No grading system but intends to introduce clear judgements for the public on the quality of the service and the outcomes for people receiving services.
- Do not investigate individual complaints.
- Two types of inspections, full and focused. Focused inspections normally happen when concerns are raised or to follow up on areas of improvement identified at previous inspections.
- Care Inspectorate Wales will have the power to issue fixed penalty notices and more easily hold service providers and responsible individuals to account.
- Duty of Candour.

Northern Ireland: RQIA

- The RQIA carries out inspection of services and the reports of these inspections are published and are public documents. The RQIA will use information, evidence and intelligence presented to it to inform each inspection.
- If the care being delivered falls below the standard expected, the RQIA has the ability to take enforcement action. This does not include financial penalties.
- No grading system.
- Do not investigate individual complaints.

Findings of the investigation in relation to Regulation and Inspection

Regulation and inspection issues and concerns were raised with the Commissioner in interviews with families, staff and HSC Trust officials during the course of the investigation.

The table below is a summary of the investigation findings in relation to the theme of Regulation:

	Theme 5: Regulation and Inspection (RI)
RI1	High volume of inspections carried out between July 2014 and August 2017.
RI2	A failure of responsible bodies to act on findings of poor care.
RI3	Inadequate response to the contravention of regulations.
RI4	Ongoing concerns regarding revisions to the inspection methodology and the progress of implementation of findings from previous reviews (external and internal): <ul style="list-style-type: none">Changes due for implementation in Quarter 4 2015-16 on the introduction of a performance rating system for care homes.
RI5	Insufficient evidence of effective partnership working between responsible bodies.
RI6	Evidence of a lack of clarity with regard to roles and responsibilities and complaints management.
RI7	RQIA Board not aware of ongoing issues of concern in Dunmurry Manor.

Recommendations:
Regulation and Inspection

In summary the following recommendations are made in light of the evidence gathered by the Commissioner during the course of this investigation.

- R28: Integrated inspections which cover all of the lived experience of residents should be introduced by the RQIA as soon as possible.
- R29: A protocol for collaborative partnership working in improving care in a failing care home should be developed and implemented as a matter of urgency by the RQIA and the HSC Trusts. The protocol should address the handling of complaints and the use of intelligence deriving from these to better inform all those with responsibility for the care of older people placed in homes.
- R30: RQIA need to review their inspection methodology in order to access reliable and relevant information from residents and their families.
- R31: RQIA inspectors must engage effectively with staff, especially permanent staff, in order to glean a more comprehensive view of the home being inspected.
- R32: The use of lay assessors/ inspectors in the inspection of care settings for older people should be introduced.

- R33: There should be a strict limit to the length of time a home is given to make improvements to bring its service back into full compliance.
- R34: The RQIA should implement an inspection regime which includes weekend and night-time inspections for all homes on a more regular basis (and at least once per year), especially where there are indications of problems within a home. This offers an opportunity to reflect on the management of night time and weekend needs when fewer staff may be present and residents may present with more challenging behaviours.
- R35: The DoH / RQIA should introduce a performance rating system / a grading system, as is the practice in other jurisdictions of the United Kingdom as soon as possible.
- R36: The system of financial penalties should be strengthened and applied rigorously to providers of independent care homes which exhibit persistent or serious breaches of regulations.
- R37: The RQIA should have a statutory role in ensuring that complaints are actioned by care providers to the satisfaction of complainants.

4.6 Staff Skills, Competence, Training and Development

Conclusions: Staff Skills, Competence, Training And Development

The evidence gathered during the investigation supports the following conclusions in terms of the staff skills, competence, training and development at Dunmurry Manor;

- Those interviewed reported that there were inadequate numbers of staff to give safe and compassionate care to residents
- The turnover of staff, levels of agency staff and the skills level of the staff were reported consistently as issues in Dunmurry Manor
- The South Eastern HSC Trust was consistently and continually involved in providing training and highlighting skills gaps in Dunmurry Manor
- Dunmurry Manor / Runwood failed to address ongoing issues of staff retention and morale in Dunmurry Manor over a prolonged period
- With the exception of "signing-on" to the "E-learning system", the expected levels of training, development, mentoring and ongoing support were apparently inadequate for care staff in Dunmurry Manor

The shortage of nurse staffing in the NHS and independent sector is well publicised and presents a challenge in many countries. Despite UK governments, over many years, making promises to allocate more resources into nurse training and increasing the nursing workforce to meet increasing demands, the problem of training, recruiting and retaining registered nurses continues.

Professional bodies such as the Royal College of Nurses and others have been campaigning over decades for improved workforce planning and direction from successive governments. Documents and papers have been produced which come to the same conclusions regarding the recruitment and retention of nurses and the crisis which has resulted from increasing demands on the service and inadequate workforce planning.

Legislation and Standards

Health and Social Services, The Nursing Homes Regulations (Northern Ireland) 2005, 20 (1)(c) require the home to ensure those employed receive appraisal, mandatory and other training appropriate to the work they perform, and they are enabled from time to time to obtain training and/or further qualifications appropriate to the work they perform.'

Health and Social Services, The Nursing Homes Regulations (Northern Ireland) 2005, 20(1)(b) the Registered person should 'ensure that the employment of any persons on a temporary basis at the nursing home will not prevent patients from receiving such continuity of nursing as is reasonable to meet their needs.'

For the purposes of this theme, the following Standards apply;

Standard 38 'Recruitment of staff', states that recruitment should be in line with Department of Health procedures, with two written references linked to the requirements of the job being maintained. Registration status with the NMC, NISCC and any other relevant regulatory body is confirmed.

Standard 39 also insists that staff should be "trained for their roles and responsibilities," with all staff who are newly appointed, agency staff and students required to "complete a structured orientation and induction and records are retained."

Standard 40 is titled 'Staff supervision and appraisal' and refers to the written policy and procedures that detail these arrangements in line with Departmental guidelines. As part of this the policy includes the use of mentorship as part of the induction process and preceptorship of newly qualified registered nursing staff. There must be supervision and support for staff, and staff must have recorded individual, formal supervision according to the home's procedures, with it being most frequent for new staff.

Standard 41, 'The number and ratio of staff on duty at all times meet the care needs of residents'. Ensure that 'at all times suitably qualified, competent and experienced staff are working at the nursing home in such numbers as are appropriate for the health and welfare of the patients.' The skill mix should be at least 35% registered nurses and up to 65% care assistants, maintained over 24 hours.

Initial induction must take place within two days of employment commencing,

with full induction carried out within three months.

Known Challenges in Nursing across Northern Ireland

The challenges of recruiting and maintaining a stable nursing workforce within the statutory and independent sectors have been increasing over the last four to five years. The complexity of care required for residents in nursing homes is increasing and requires safe, effective and compassionate nursing. Care is now offered to a wider spectrum of specialisms and this brings with it the challenge of recruiting staff with the requisite skills and knowledge.

As the complexity of care increases it places an additional burden on nursing and care staff. Identifying the correct numbers and skills mix of staff required to deliver care within the sector has been on the agenda for some time. In earlier care standards (2003) the RQIA stated (Standard 30) that "the number and ratio of staff to patients is calculated using a method that is determined by and agreed with the Regulation and Quality Improvement Authority..." RQIA provided guidance to assisting organisations in calculating appropriate staffing levels, however, this is no longer available.

In 2015 the minimum standards were reviewed and reissued to service providers and the staffing standard was revised to "...The number and ratio of staff on duty at all times meet the care needs of residents." So, the responsibility for determining safe and effective staffing levels lies with the provider and no guidance is now offered to the sector.

While the DoH (previously DHSSPS) has been working for several years in producing guidance for providers to calculate normative staffing levels

in the acute health sector there has been little guidance supporting the independent sector in determining safe and appropriate staffing levels.

Resident Y's daughter stated that staffing levels were 'very poor especially in the evenings.' If she needed assistance from a member of staff she would 'have to go looking' for someone.

- "Staff are 100% hard working but there are not enough of them."
- "There were never enough staff on duty, on any visit I was at or any other member of the family. Never enough staff to go round for the level of need. It was clearly visible when you had to settle residents, finding someone undressing in the hall – we had to find staff to help these people."
- "Always got the impression they were choc o bloc in terms of work...witnessed them looking busy and the staff would have said they were. There are such complex needs with the residents and the staff never stopped."
- "There were never staff about. At the start it was okay as there weren't that many residents, but as they (residents) came in, not enough staff to cope with it"
- "In the first few weeks it was fine, but with the influx of care patients, just not enough staff."

Staffing issues were frequently discussed during the Commissioner's investigation interviews. Relatives of residents in particular, identified a number of staff related themes including staffing levels, staff culture and staff training.

Some relatives felt that nurse and care staffing levels seemed appropriate and they were satisfied that their relative was receiving a good quality of care.

However, there was evidence in disclosed documents and in interviews that new staff, both permanent and agency, had not been given adequate, or any, inductions. They also stated they did not have assigned mentors to provide advice and guidance.

There is evidence that nurses who were supposed to do handovers did not do any kind of induction. There was one example of a member of staff who had only been working in the home 'for a few days' without receiving an induction themselves being instructed to give another member of staff an induction. Another member of staff was given an induction pack and after 6 weeks was asked to 'just sign it off' with no kind of assessment.

Many witnesses (former staff, Trust staff and relatives) reported concerns regarding the staffing levels and the impact of this on the quality of care provided.

Trust Staff

A HSC Trust staff member attended at the home and described how he spent "35 minutes trying to get someone who was prepared to speak." He stated "you get the feeling they are running away from you. My feeling is they don't really know the patient you want to discuss or they are just unwilling."

Another HSC Trust member of staff attended the home and sought out the manager. He found the nurse's station and storeroom open and unattended. He was then able to walk through the unit for around 5-10 minutes while looking for staff. He saw residents who "were being left to their own devices." It became apparent that a staff meeting was being held and only one staff member remained and she was based in the office.

Other comments made about staffing in interviews are outlined below; the main themes are that the home was inadequately staffed and relied heavily on agency staff. There are a significant number of direct quotes from relatives of residents, former staff of Dunmurry Manor, and staff/officials of HSC Trusts:

- "they are very obviously understaffed on a Sunday. The staff are all pleasant, very nice, they really are."
- "not enough trained nursing staff. They were working on the absolute minimum in my opinion that they could get away with."
- "not enough during the day and very few at night."

Some staff reported their concerns that poor staffing levels had on the quality of patient care they could deliver. One senior staff nurse told us that she reported her concerns regarding staffing levels to RQIA. "RQIA did look at them and suggested we needed more staff upstairs...it was taking to 2am to do the night medicines." This theme was noted in other interviews when staff reported medications not being administered on time.

- One relative decided to move her father from Dunmurry Manor because of the poor staffing levels "There were poor staffing levels so we decided to move father somewhere else. Staff had no time...always rushing about from one place to another. No one had time to stay with dad to feed him, he wasn't clean, clothes were not clean. We found clothes crumpled in the wardrobe."
- A nurse told one relative: "This home is very dangerous - there are not enough staff for it to be safe and I want out."
- Another relative told a manager in Dunmurry Manor. "You are all running around like headless chickens, there are not enough of you."

Inadequate staffing levels impacted on relatives in a number of ways. Relatives reported they had to visit their family member every day to make sure they got the care they required, including personal care and assistance with eating and drinking. One relative of a resident told us that they stayed every

evening until 11pm to ensure their father had received all the care he needed before going to sleep. They stated: "Staffing levels at night were horrendous- there were never enough staff to help with eating. I would go in and help my dad with one hand and someone else with the other."

The high use of agency staff and staff turnover was a concern to many families and residents. They reported that the use of temporary staff meant that residents were not known to these staff and this impacted on the continuity of care.

- "Only recently I started to take a day or two off a week visiting as before I felt I needed to be in every day to ensure my wife was being cared for" stated one relative. "Staffing levels were terrible – there was never adequate staff, never any continuity, always agency staff, scarcity of staff, couldn't get anyone to do anything, no one accepts responsibility...Agency on 2-3 times a week and no continuity. Didn't get to know the residents."
- "In terms of properly qualified nursing staff they were few and far between... certain staff were wonderful but they never stayed. I didn't like the comings and goings of staff as Mum just got used to someone and then they left."
- "Staff were replaced by agency staff – and that is where all the problems in my opinion have come from. No continuity of care – I actually complained to the social worker. Argued with a person on the phone in Dunmurry Manor – who said my dad was not there; tried to speak with a manager; [they were] not available to speak to (happened quite often)...there were not enough trained nursing staff. They were working on the absolute minimum in my opinion that they could get away with."

- "There weren't enough nurses. A lot of agency staff made me nervous...I think the people who worked there were lovely but exhausted and overworked."
- "A lot of turnover of staff so no one seemed to know what was going on with dad."

These views on staffing levels were echoed by staff, both agency and permanent staff who were employed in Dunmurry Manor.

- "It was chaos. I was scared working there – that was why I didn't go back."
- "For me there just isn't enough staff to care for all the residents."
- "There aren't enough staff" – there is no opportunity for breaks... saw residents who were soaked, food would be cold because of lack of staff."
- "Staffing was a real issue... staff nurses were under severe pressure staying on far beyond their shift. The...[regional management] knew about this but was not prepared to deal with staffing issues. When suggestions were made they were always blocked. There was no consistency of staff, no relationship with clients and families....staff were fearful."
- A HSC Trust manager had concerns about staffing levels and complexity of residents' needs. They said: "One overarching issue was – no regard given to the complexity of the individuals – just a fill the bed mentality. Too many people with high needs brought in at the same time. Led to resident on resident altercations, not enough staff to deal with the complex needs. Whilst Dunmurry Manor said they met the staffing standards, this did not meet the complex needs of the residents."

Other HSC Trust managers echoed these concerns regarding staffing levels. This is particularly concerning given that the

HSC Trust retains a duty of care to all of its placed residents. Many staff interviewed raised their concerns about the risks associated with unsafe staffing levels and the impact on them personally, as well as on very vulnerable residents.

- "It was understaffed and no one told me where the fire doors were and the nurse didn't know as he was agency too."
- "At one stage a fire alarm went off in the building and no one knew what to do."
- "I wasn't aware of any procedure (in relation to Dunmurry Manor being understaffed). I spoke to the agency about it and they advised me to walk out the door if it happened again and they would sort it. Very hard to just walk out the door though when you see the residents and you know they won't get what they are paying for, which is care."
- "Staff were suffocated by volume of work (caused some staff to leave)... hard to give high number of agency staff guidance."
- "Care needs there are at very high levels- even for EMI. It is a "unique" home – high dependency residents and lots of wandering residents. Layout of the home does not help- hidden nooks and crannies."
- "After a time, people would be really exhausted and some said 'that was it'."
- "Retention of staff was a big issue and it destabilised the home and it made it very difficult to keep, hard to keep consistency. It was difficult for a strange staff member to come in and write a care plan on someone they didn't know."

- "The ratio of staff – at the start it was fine with lower numbers of residents, as the number went up the ratio went up too. At the time it wasn't ok, we weren't equipped to deal with the needs that we had."
- "When we had 20 residents I didn't feel there was enough staff. I raised concerns about it with the number of falls we were having and the level of supervision we could provide as the unit was so big."
- "Staff were very busy and didn't get breaks at times- the needs of residents always came first, staff rarely finished shifts on time...one shift I did lasted 24 hours!"
- "I felt I was doing my best but not enough staff. For the needs of the residents would have needed two nursing staff to work with them."
- "There was always people coming for interviews and they (Runwood) always made promises, but nobody stayed."
- "About three months in – every single staff nurse seemed to be leaving, and they were all brilliant. They just couldn't take it."

Staff Culture

Organisational culture can have a significant impact on the experiences of residents, relatives and staff, particularly in relation to the quality of care residents experience and the relationships between different groups within any care environment.

The issue of culture and staffing can normally be addressed by strong management, which is difficult to establish if there are ten different managers since the opening of Dunmurry Manor and within the space

of three years. The implications of this are discussed in further detail in chapter seven.

The issue of culture was one frequently reported by staff during interviews. Agency nurses reported feeling unwelcomed, especially with care staff who appeared reluctant to take direction from a registered nurse. Some registered nurses who had worked at Dunmurry Manor gave evidence regarding the culture of the staff team there;

- "There was a bad atmosphere among the staff – seemed to be a power struggle with the care assistants not being happy with agency staff being there. Staff were also making fun of the Manager."
- "The staff weren't united...the care assistants did not like us...they did what they liked. It was not a happy experience. We were not informed who the Nurse in Charge was. I wanted to know who the residents were and to work with the care assistants but they did not want to work with us."

- "I could feel the vibes and the atmosphere in the home that they were not happy. That would affect the care you give the residents. That is a big factor in the home if the staff are not happy, the care is severely affected."
- "Care assistants did not like us"... there was a "tense atmosphere."
- "Care assistants did not want to work with the nurses, was scary as we didn't know the residents."
- "There was an atmosphere. I have never come across it before."
- Care assistants were "doing what they liked"...it was entirely run by care assistants".
- HSC Trust staff had noted the power which care staff had within Dunmurry Manor and raised this with the manager..."the power base in the home is held by care staff - this will be very difficult for a manager to deal with."

Findings of the investigation in relation to Staff Skills, Competence, Training and Development

The table below is a summary of the investigation findings in relation to the staffing, skills, training and staffing levels to care for residents of Dunmurry Manor:

	Theme 6: Staff Skills, Competence, Training and Development (ST)
ST 1	Evidence of poor and inadequate staffing levels, essential skills and training including staff being expected to work outside of their skills and competencies and staff inability to take breaks
ST 2	High level of staff turnover
ST 3	Over-reliance and continued use of agency staff and additional support from the South Eastern HSC Trust leading to poor continuity of care ²⁴
ST 4	Evidence of inadequate handover reports, lack of staff induction or no induction reported by workers despite policies and procedures reported as being in place
ST 5	Mandatory training (including for kitchen staff) not completed and updated
ST 6	Lack of a consistent approach to keeping adequate training records and continuous professional development for employees

²⁴ Over-reliance on additional support staff provided by HSC Trust who were counted within the regular work rota rather than as an extra source of advice and support within the home. This perpetuated the staffing issues.

Recommendations: Staff Skills, Competence, Training and Development

R38: The Department / Chief Nursing Officer (CNO) as the commissioners of pre-registration nurse education should ensure workforce plans are developed that take full account of nurse staffing requirements for the independent sector.

R39: The Chief Nursing Officer as a matter of priority should undertake a workforce review and commission work to design tools to measure nurse workforce levels required in the independent sector in Northern Ireland i.e. normative staffing level guidelines and the minimum standard staffing guidance revised accordingly.

R40: The RQIA should collaborate with the CNO in this work and revise the minimum nurse staffing standard No 41 to give more clarity to the independent sector on levels of nurse staffing which are required to deliver safe, effective and compassionate care.

R41: A high level of staff turnover and use of agency should be considered a "red flag" issue for commissioners of care and the RQIA. Staff turnover should be monitored and findings of high levels of staff attrition should trigger further investigation. The nursing home minimum standards on staffing

should reflect concerns where there is a high staff turnover and state that exit interviews are required in the event of any staff terminating their contract with a provider.

R42: Trust Executive Directors of Nursing, as commissioners of care in the independent sector should ensure that there are sufficient numbers of nursing staff with specialist knowledge to deliver safe, effective and compassionate care in the independent sector and assure themselves through the contract agreements with providers.

R43: The RQIA inspection process must review levels of permanent staff attrition as well as the balance of agency / permanent staffing levels across all shifts in place in a home and review exit interviews.

R44: Runwood Homes must carry out an urgent staffing review to address weaknesses in induction, to investigate the high levels of attrition of nursing staff and managers in Dunmurry Manor and to make improvements to workforce management to encourage retention of permanent nursing staff and managers.

4.7 Management and Leadership at Dunmurry Manor

Conclusions: Management And Leadership

The evidence gathered during the investigation supports the following conclusions in terms of the management and leadership in Dunmurry Manor:

- There was a lack of cohesive and effective management and leadership of Dunmurry Manor since it opened in July 2014
- Families, agency staff, former staff and HSC Trust staff all had concerns and made efforts to highlight their concerns to both management in Dunmurry Manor and to Runwood senior management
- There was clear control of the information reported by Northern Ireland management to the Head Office of Runwood (based in England) that did not portray an accurate picture of the performance of Dunmurry Manor. There appeared to be no honest reporting of the reality of the circumstances in Dunmurry Manor on either a Northern Ireland or a corporate level risk register
- It was given in evidence that no exit interviews took place of staff leaving Dunmurry Manor
- Runwood Homes gave no evidence of attempts to understand why managers were leaving so rapidly, in quick succession

In recent years the media has often voiced concerns regarding the perceived lack of leadership within the health and social care system in Northern Ireland. They view failures in the system as being directly related to a lack of strong leadership and management of our health care facilities and funding. The media creates a perception that things were better "back in the day" when someone in authority took charge and ensured high standards of care were maintained. This cannot be realistically compared to the current complexities of health and social care today.

Healthcare leaders today have a much wider portfolio of roles and responsibilities within both their clinical and governance agendas. Increased demands of corporate governance, business planning and contracts negotiation, commissioning of outsourced services and budget control are all essential management functions. Throughout all the complexities of the modern health service strong leadership and management is vital and the changes required to manage this complex environment and deliver the highest standards of clinical excellence rely on the strength of health service leaders.

The integrated health care system in Northern Ireland is extremely complex to navigate for the general public and many older people seek the advocacy support of the Commissioner for Older People for Northern Ireland to make and resolve complaints. The previous Commissioner made a recommendation in the 2014 Changing the Culture of Care report that complaints processes should be more accessible and visible for service users, relatives and staff.

In nursing homes in the independent care sector, high quality nurse manager leadership is the single most important factor influencing the quality of care being offered, developing and maintaining a safe, effective and compassionate service. With the increasing reduction in secondary care beds and dependency on the independent care sector to deliver more complex care primarily for older people, high quality leadership is vital in this area.

The importance of effective leadership and management was clearly recognised by all those who were interviewed by the Commissioner. It was a recurring theme throughout interviews and was the most frequently mentioned area of concern. While it is recognised that management and leadership are two different concepts, those interviewed used the terms interchangeably, hence both are reported in this section.

Legislation and Standards

Nursing Home Standards, **Standard 35** - Governance, any absence of the registered manager of more than one month is notified to the RQIA and arrangements for managing the home in the absence of the registered manager are approved by the RQIA.

Articles 12 to 22 of the HPSS²⁵ (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 deal with registration and should be read in conjunction with this section. A home must have a Statement of Purpose and an Operational Policy.

The **Statement of Purpose** defines what services and facilities the home will provide whilst the Operational Policy describes how they will be provided. An individual who intends to carry on a home must be registered with the RQIA, and is referred to as the "Registered Person".

An organisation that intends to operate a nursing home is required to nominate one person to be registered on behalf of the organisation. The manager of the home must be registered and is referred to as the "registered manager". The registered person may also be the registered manager. Those applying for registration as the registered

person and/or the registered manager must meet the relevant criteria for fitness of these positions.

Furthermore part two of the Statement of Purpose requires that the home has an Operational Policy in place which includes (but is not limited to) the following:

- The arrangements in place to ensure the fitness of persons to work at the home
- The arrangements in place to ensure the adequacy of numbers of persons working in the home
- Admission arrangements for residents, including the residents' guide
- The arrangements for safeguarding
- The arrangements in place for promoting the health and well-being, and spiritual needs of the resident
- The arrangements for the training and development of people who work in the home;
- The care planning process
- The arrangements for securing health and social care services
- The arrangements for the management and control of the home

The RQIA has responsibility for assessing and ensuring compliance with registration of managers and registered persons, with these individuals having to make their applications to the RQIA. They are also responsible for ensuring a home has a correct operational policy.

The information provided to the investigation team demonstrates failures in all of these policy areas. The

management and leadership within Dunmurry Manor remained a matter of concern over many months of the time period examined.

An anonymised case study is outlined below for the purposes of outlining the lived experience of the residents of Dunmurry Manor of issues involving management and leadership in Dunmurry Manor:

Resident H (Res H), aged 76, was cared for by family at home for around ten years. Res H had a carer's package which included four visits a day but it became increasingly difficult for the relatives to manage Res H's care and Res H was to be placed in Dunmurry Manor for the family to get some respite for several weeks. Res H stayed in intermediate care for around three weeks before moving to Dunmurry Manor. Res H had some mobility problems, was doubly incontinent and speech was impaired.

Issues/ Experience

Res H's relative gradually became aware of concerns. They noticed Res H's clothes were missing and glasses broken. Res H's care plan indicated that they should be showered three times weekly and teeth cleaned every day. Res H's relative has noticed that Res H appeared unkempt, teeth were not clean and on one occasion one hairbrush was being used for all the residents.

Res H's relative found Res H saturated in urine on numerous occasions, through their clothes and onto the chair. Res H has limited mobility and speech and is unable to ask to be moved. When Res H's relative raised this concern they were told Res H would be changed and put to bed. It was only 7.30p.m. and Res H normally sleeps through until 9 a.m.

When Res H's relative sought a meeting with management to discuss these issues the member of management was an hour late and then informed him he had only 15 minutes to discuss the issues raised. *"So many people that supposedly manage, honestly cannot tell you how many people I met. So many issues and I had to meet with so many managers to try and clear those up."*

Res H's relative describes meeting management around eight times in ten months but no longer has "faith" anything will be done. They recounted one instance when they *"met another girl who was an assistant manager about concerns but she told me she wasn't qualified and was leaving the next week."* Res H's relative described a "culture of silence" where nobody took

²⁵ Health and Personal Social Services [Order]

responsibility for the issues raised and despite repeated concerns communicated to staff *"nothing ever changes."*

Res H's relative added *"the home could be a good home if they had decent management – it's a rudderless ship – I couldn't count the managers in the time we have been dealing with it." "My whole concern is with management – if they would get involved. I have never seen a manager getting involved with residents, staff or patients... manager seems to be an anonymous person."*

Concerns and complaints about the management of Dunmurry Manor were among the most frequently mentioned issues for the investigation. High levels of frustration were expressed by relatives of residents at the failure of adequate management throughout the period investigated. Witnesses told the investigation team that:

- *"There was too much to be fixed by one person. I felt like I was drowning." (former manager)*
- *"The company focus was to fill beds. We were told to do this even if we had to use agency staff to do so. I said this was not appropriate as then there was no continuity of care and they don't care about paperwork. I was told to "just do it" from (HQ) management."*
- One manager stated: *"Recruitment had not been done for a long time so it had reached crisis point when I arrived. Looking back over the duty rota there never had been consistent staff and a good skills mix."*
- Another manager told us: *"Staff came to me directly where they had concerns. I tried to reassure the staff and spent a lot of time trying to persuade people not to leave...constant battle...didn't know what the next day would bring...they were working so hard and we were really trying to move the home forward."*

While residents and relatives recognised that it takes time for any new facility to be established and put in place the necessary protocols and procedures, many reported concerns regarding the organisation's ability to respond to issues raised, take remedial action and overall accountability for things that had gone wrong.

- *"They were always saying they were very busy, but there was no leadership – no one is saying standards aren't good enough"*
- The home has 'potential to be brilliant with proper leadership'
- When asked if they felt management dealt with incidents and accidents quickly and openly a member of Dunmurry Manor staff stated: *"No I don't think so. I think if they had have done, they wouldn't have the volume and level of complaints they had"*

Former staff of Dunmurry Manor at all levels raised issues of not being listened to and the lack of accountability of management there.

- *"Like no matter what you said, you'd be better off talking to that wall. Nothing was followed up ... or it was a case of I'll get back to you just trying to palm you off. I got to the stage where I thought, what's the point no one listens."*

Another former staff member found his complaints or issues were rarely dealt with.

He raised concerns, particularly around risk management and fire safety and was concerned that there was a lack of accountability and leadership in dealing with them. *"To get things done it felt like banging my head off a brick wall..."* He started to take photographs of environmental issues of concern but was told to delete them by senior management, however he refused to do so. He resigned when he felt that despite his best efforts he was not being listened to and remedial action was not being taken to rectify serious issues.

Turnover of managers and impact on the home

Dunmurry Manor opened to residents in July 2014 and over the three and a half year period under investigation there have been ten managers in post. Relatives found this rapid turnover of managers very frustrating. Staff and relatives believed that this level of turnover of managers was excessive in the independent sector and had a detrimental effect on the quality of the care given to residents and to staff performance and morale.

- *"It is ridiculous the number of managers...you raise something with someone and then they were away..."*
- *"The constant changes in management was not good for staff morale"*
- *"Constant changes in management, staff did not have direction"*

From 2014-2017, as each new manager was appointed, relatives thought that they would make a difference and solve the long-standing problems in the home. The managers came with a desire to make improvements and

relatives reported feeling optimistic with each new appointment.

- *"I liked (the new manager)...he gave me confidence that he was going to make a difference. He seemed to hit a brick wall against everything he wanted to bring in."*

Staff within Dunmurry Manor found it difficult to cope with the constant changes in managers and their deputies. This lack of continuity of management and leadership caused uncertainty and lack of stability for the home.

- For a time one staff member reported that they *"didn't even know who was the manager ... two managers in one week."*
- Another staff member told the investigation, *"If nothing changes this makes me worried. Leadership and effective management would get rid of a lot of the problems. It has never been there. Why has no manager stayed? Senior Management cannot even support their own regional team- the (member of management) left under a cloud of ill will. (A member of senior management) is apportioning blame unfairly- it is not all about one person being wrong. All have to be working together."*
- Another staff member noted...*"a lack of leadership in the home has led to inconsistency in nursing. The managers were not able to embed or given enough support to make positive changes. Nurses weren't going to put up with that. There are things I would like to say but I can't."*

Senior staff from the HSC Trusts reported similar concerns regarding the turnover of managers and lack of leadership in Dunmurry Manor.

- "The turnover of managers and staff -it is like a "roundabout"
 - "A good manager is worth their weight in gold"
 - "Managers in Dunmurry Manor never stood a chance" suggested one HSC Trust employee
 - "If [the manager] had been given the right support they would have turned it around....they weren't given the freedom and handed in their notice"

New managers felt particularly vulnerable and were left with minimal support and advice when appointed to the home. They began employment in Dunmurry Manor where there were already serious failings and issues which had not been adequately dealt with or resolved. The lack of a comprehensive induction into the home added further to their frustration and ability to make a success of managing it.

 - "There were on-going staffing issues already in place – there was a shortage of nurses, staff felt like they hadn't been supported or had sufficient training. I think staff were trying their best but they didn't have the necessary experience. There were a number of nurses who were on their first job"
- "The lack of management/continuity means you are left to fend for yourself and have to make own decisions 98% of the time, but will still get grief for them."
 - "I would raise concerns at monthly management meetings – under AOB - told we were getting support and to get on with it"
 - "It was a very sickening feeling that you could not make it work no matter how hard you tried. I just felt sick to the pit of my stomach every day I went in"
 - Retention of staff was a big issue and it destabilized the home and it made it very difficult to keep, had to keep consistency. It was difficult for a strange staff member to come in and write a care plan for someone they didn't know"
 - "The whole system was a mess – where to start? Impossible... didn't have the resources"
 - "I think the managers were the "fall guys" – they were not given enough support. The senior manager...could have done more for them. Seeking to make Dunmurry Manor a centre of excellence. I know managers were left under a lot of stress"

Turnover of managers and registration status of managers in Dunmurry Manor since opening in July 2014:

Date	Manager	Applied to RQIA to become registered manager	Registered; Yes / No
July 2014	Manager 1	Yes	Approved, then application withdrawn
Sept 2014	Manager 2	Yes	No
Jan 2015	Manager 3 (Acting)	No	No
Aug 2015	Manager 4	No	No
Nov 2015	Manager 5	No	No
Feb 2016	Manager 6	Yes	Yes
Aug 2016	Manager 7 (Acting)	No	No
Oct 2016	Manager 8	No	No
Dec 2016	Manager 9 (acting)	No	No
April 2017	Manager 10	(Not requested in disclosure – documents up until February 2017)	

Until late 2016 the “registered individual” for Runwood in Northern Ireland was based in the organisations headquarters in England. A regionally-based operations manager was then registered by the RQIA as a “fit and proper person” to become the registered individual for the Runwood Homes that were based in Northern Ireland.

Every home should have a local registered manager in line with the regulations. It is concerning that the previous table highlights that the majority of managers (cited in RQIA inspection reports) were never registered as the manager for Dunmurry Manor. In some cases, a number of managers did not ever apply for registered manager status at Dunmurry Manor. There did not appear to be any adverse consequences for the home in respect of the overt and continuing breach of these regulations.

Regional Senior Management

The Commissioner has noted the frequent references to Runwood's senior management by all of those interviewed during the course of this investigation. Many relatives and staff referred to the influence and behaviour of senior management within the home and how it impacted negatively on their overall experience.

Staff found the culture of blame and harassment promoted by senior management to be difficult to deal with. Many reported management shouting at staff and blaming them, and not taking corporate responsibility when things went wrong. They felt that no matter how hard they tried to carry out their duties it was never enough. Others reported that staff resigned due to the behaviour of senior management.

Comments made by staff included the following:

- *"I got very little input from (member of senior management); on the days where he was in the home, he would go through it like ... and would pick out very petty things to complain about when staff were against the wall and staff trying their best."*
- *"I had concerns about (member of senior management) and his lack of ability to deal with issues, his treatment of the staff: continued to try to finger point rather than look at himself."*

It was clear from those interviewed that former staff found the controlling behaviour of senior management to be stifling and prevented them from carrying out their roles effectively. Controls on the purchase of equipment and disposables for staff to do their job was a constant frustration expressed by former staff.

- Another reported *..."put orders in and never turned up or head office declined"* This was frequently in relation to continence products and personal protective equipment.
- *"Dunmurry Manor didn't manage its own budget. If you put in your order you weren't always guaranteed to get what you wanted, at times we needed more pads and cleaning materials, wouldn't have got what was wanted"*
- Another manager said she ignored the strict budget *..."I didn't adhere to it and I double ordered...if we had adhered to it we would have run out"*

A number of former staff said that they got so frustrated with the behaviour of the senior management and the negative impact on Dunmurry Manor that they contacted the RQIA to report their concerns. One former staff member gave evidence to the investigation that he contacted the RQIA in October 2016, as he felt he had no option because of frequent changes in

management and the mismanagement of the home. He spoke to an inspector in person and by phone. When senior management discovered this, he got ‘yelled at’ by them.

Another former staff member gave evidence that they e-mailed the RQIA regarding their concerns about the senior management.

Staff relayed concerns over the controlling and threatening nature of senior management. They gave examples where if they refused to do overtime to cover the home they would be threatened and told they would report them to the NMC and get their “PINS removed”. A senior manager reportedly said to one nurse: *"I am a very powerful man' and 'If you want to work in this industry you'd better not cross me."*

Senior Managers in the South Eastern HSC Trust reported similar concerns. *"(Member of senior management) promised you wonders but I had big concerns about his influence ...nothing had been carried through that had been promised."*

As time went on the South Eastern HSC Trust became increasingly concerned about the performance of Dunmurry Manor and convened a serious concerns meeting on 21st October 2016 with Runwood senior management to suspend further admissions to Dunmurry Manor. At that meeting, the South Eastern HSC Trust requested that two of the senior management team of Runwood should no longer be involved in the management of Dunmurry Manor.

South Eastern HSC Trust advised RQIA of this decision. One senior manager from the South Eastern HSC Trust advised the Commissioner that RQIA's response to this was that they did not think there was any problem with the regional manager. The request by the South Eastern HSC Trust was taken to the Board of Runwood and, after investigation, was not upheld. The South Eastern HSC Trust expressed that they felt the contract between them and Runwood provided no other mechanisms or sanctions in terms of their concerns about Runwood personnel.

Findings of the investigation in relation to Management and Leadership

A number of key themes emerged during interviews under this topic; they were: changes in and turnover of managers in Dunmurry Manor, the level of nurse / manager presence “on the floor” of Dunmurry Manor and regional senior management. These are reported in detail in this section. The table below is a summary of the investigation findings in relation to the management and leadership of Dunmurry Manor:

	Theme 7: Management and Leadership (ML)
ML1	High level of turnover and gaps in registered managers leading to prolonged inconsistencies in management and leadership and poor delivery of care.
ML2	Concerns raised regarding the lack of consistent and coherent management and leadership, including at night and weekends.
ML3	Despite a range of policies and procedures reported by Runwood Homes Ltd as being in place, adherence to these was not evidenced in the management of the home.
ML4	Concerns over senior management role and influence on the operational running of the home.
ML5	References to a ‘Blame Culture’ within senior management that affected management and staff negatively.
ML6	Staff records including rotas and human resources files not being maintained correctly, including Access NI and NMC checks and vetting.

Recommendations:
Management and Leadership

- R45: The RQIA should require managers leaving employment with a home to provide them with an exit statement, within a defined timeframe, to enable them to identify patterns or issues which should trigger an inspection. Exit statements would be treated in confidence (and not available to the employer).

R46: Any reports of inappropriate behaviour by senior managers in the independent sector should be investigated in full by the HSC Trust (at a contract level) and by the RQIA (in terms of the registered individual status). The outcome of these investigations should be a material consideration
- for the RQIA in terms of the “Fit and Proper Person Test”.

R47: An independent body should be established to encourage and support whistleblowers throughout the process and whistleblowers need to be protected by the law to make genuine disclosures.²⁶

R48: Relatives / residents who raise concerns which are not resolved locally should have their complaints handled by the commissioning Trust or the RQIA (see Section 8 on Complaints and Communication).

²⁶ This recommendation is a reiteration of the previous Commissioner’s call for reform in support for Whistleblowers, made in Changing the Culture of Care 2014

4.8 Complaints And Communication

Conclusions: Complaints And Communication

The evidence gathered during the investigation supports the following conclusions in terms of complaints and communication:

- Dunmurry Manor could not consistently meet the provision in the nursing home standards that all complaints should be investigated within 28 days, the result of this being that Runwood was not meeting its contractual obligations with the HSC Trusts
- There was a lack of commitment by Dunmurry Manor to progressing complaints quickly, demonstrated by delays in setting up meetings with families or giving them information
- Poor record keeping within Dunmurry Manor hampered the progression of some complaints, making the process take longer, or halting progress altogether
- Families reported to the Commissioner that they felt unsupported, that their input was not valued and that they were not given feedback
- As referred to in section 4.1 of this report, the lack of consistency about what should be designated as an Adult Safeguarding incident, and what should be designated a quality monitoring issue, led to some serious incidents not being fully investigated at the appropriate level (by Dunmurry Manor and the HSC Trusts).
- Some of the RAs (Runwood, the RQIA and the HSC Trusts) were not aware of all the complaints that had been made to each other. There was no centralised source or database to collate all complaints
- There was no evidence of lessons being learned from complaints – either as an early warning system for issues in the home, or to inform inspections. The ability to do this was further hampered by the lack of complete and accurate records in some cases and even the lack of a complaints book
- The Commissioner notes the Northern Ireland Public Services Ombudsman is undertaking research into understanding complaints handling in Northern Ireland and is hopeful that this work will lead to the publication of guidelines or other statutory good practice which will improve complaints handling in the care sector in Northern Ireland.

Through legal and advocacy casework, the Commissioner's office has had extensive experience of the importance of effective complaints processes in care homes. Poorly handled complaints processes can lead to resentment between parties and feelings of helplessness if older people or their families feel that their complaints are not being listened to, or they do not receive adequate feedback. The evidence provided to the Commissioner shows that some families who had made serious complaints about the care given to their relatives in Dunmurry Manor, were not taken seriously, found it difficult to get their complaints addressed and were frustrated by the process. On occasions complaints were clearly not handled in a way that met the requirements of the minimum standards.

Legislation and Standards

Nursing Home Minimum Standards (2015) – Standard 16, 'All complaints are taken seriously and dealt with promptly and effectively'. This standard states that complaints should be investigated and responded to within 28 days and when this is not possible, complainants

are kept informed of any delays. Records must be kept of all complaints and they must include details and communications with complainants.

A number of anonymised case studies are presented below to highlight the experiences of complaints and communication from residents families:

Resident X

Resident X (Res X) 86 years old and had been living with dementia after being diagnosed in 2012. They had been living with one of their children after a move from another care home but was at risk of wandering and falling at night. Res X was not on any medication but suffered from recurrent urinary tract infections and needed a daily personal care regime to be carefully followed.

Res X experience was just after admission to the residential unit at Dunmurry Manor. Res X's family first raised a concern after four days when they noticed Res X had not been washed or showered. This was particularly worrying given the history of urinary tract infections and specific daily personal care needs which had been shared with the home before placement. On 18th November 2014, the family were asked not to visit for a few days to give Res X "a chance to settle-in properly".

3 days later, Res X suffered a fall and the family were also advised that they had a UTI. Nursing staff had not called the doctor to see Res X. When Res X's children arrived to visit that evening, they found Res X lying in a wet bed, in the dark, with 3 trays of uneaten food beside them. The family believed Res X was wearing the same clothes from 18th November 2014. They had to insist for the doctor to be called and oxygen to be provided to Res X.

The GP attended and called for an ambulance. On admission to hospital Res X was unconscious and never regained consciousness. Res X's dentures were encrusted and Res X was unwashed. Res X was diagnosed with pneumonia, a urinary tract infection, severe dehydration and sepsis. Res X died three days later.

Res X's family brought a complaint to the home manager however there were no care records available and the family did not feel that they were being taken seriously. It was only after Res X's family sent a detailed letter to the RQIA, that senior management at Runwood appeared willing to investigate the matter further. Unfortunately, a subsequent review showed that no care records or documentation had been generated or maintained in relation to Res X.

No investigation was therefore able to be conducted meaning that the complaint could not be dealt with fully and Res X's family's questions remain unanswered.

Resident B

Resident B (Res B) was admitted to LVH at GP's request due to concerns about bruising, rapid weight loss, and general deterioration (mental and physical)– family advised not to return their relative to Dunmurry Manor. Moved to another home and died within three days.

Res B was 92 years old and had been diagnosed with early stage Lewy Body dementia. Res B had lived in sheltered accommodation for almost 25 years with a domiciliary care package before suffering a fall and being admitted to hospital and then rehabilitation. The family say that Res B understood them and was able to communicate. Res B had become physically frail and required assistance to walk and undress.

Very early on, Res B told the family that they did not feel safe. Res B spoke of a particular fear of night-time because male residents would come into the room, expose themselves, open cupboards and sit on the chair and bed. Res B said that one man sat on their feet whilst in the bed. Staff denied that this had happened and said that Res B was confused.

Res B was primarily bedbound and felt isolated in the room. If family did not assist with feeding, they did not believe Res B would have been fed. The family felt that their concerns were downplayed, requests for meetings were ignored and when a care meeting finally took place, no records or documentation was provided.

Res B's family raised concerns over the standard of personal care and lack of assistance with feeding. An infected toe was not noticed for over 2 weeks and a private podiatrist had to be brought in by the family. Two lesions on Res B's sacrum were not noticed until admitted to hospital.

The family felt they had no choice but to install a covert camera as they believed their concerns were ignored or downplayed. When they did raise concerns about male residents entering their relative's room they were told that staff *'didn't have eyes in the back of their heads.'* The family felt that rather than being dealt with as a complaint the behaviour was *'normalised as acceptable behaviour because of the nature of the unit.'*

Res B had unexplained bruises on the forearms – it looked like someone had tried to pull Res B up. Staff could not explain when they had occurred. Family members produced pictures of their relative's bruising. The immediate response was that Res B must be *'hitting their arms off the trolley.'* The family were skeptical about this response as Res B had previously used the same trolley in hospital but never suffered bruises. The family was informed that their complaint would be referred as a safeguarding issue but they never heard anything more.

No one apologised to the family for any of the concerns and complaints raised. Family members said they *'did not think they (Runwood and Dunmurry Manor)*

Resident B *(continued)*

wanted to be bothered' dealing with incidents quickly and were not provided with the complaints policy.

Res B's relatives also contacted RQIA who said they had logged it but they did not say what to do next and did not get back in touch with the relatives.

As of May 2018 (nearly 18 months later) the family's complaint against Dunmurry Manor is ongoing.

A recurring theme from submitted evidence is that families made complaints, a complaints process would be initiated, but then nothing more appeared to be done, or families received no update on what was being done to progress their complaint. One family member in a concern raised with the RQIA cited a *"nightmare of complaints that appear to be listened to but nothing is done."* Even establishing communication with Dunmurry Manor could be difficult. After a long running failure to hold a meeting with a family member concerning a safeguarding incident, a HSC Trust official stated in an email to Dunmurry Manor that this failure was *"derisory and contemptible."*

A former staff member said in general complaints were not dealt with as quickly as they could have been, and *'little things'* (the example was given of carpets being odorous) could become much *'bigger things'* if not rectified as early as possible, and were upsetting for staff and residents.

There were a number of examples of issues with records and the accurate and timely recording of events in Dunmurry Manor which prevented effective investigations into safeguarding issues. Correspondence

from Runwood and the RQIA details that the RQIA investigated a complaint about the death of a family member where the complaints procedure was not adhered to. In this case there had been a lack of timely engagement and response as well as a lack of proper record keeping of meetings, under a complaints governance system which required improvement.

An HSC Trust decision to close an adult protection investigation, into an allegation that a resident was manhandled within the home, noted that there were no daily recordings for the resident, and nothing on the file for the resident at all beyond contact and information details. The employee in question had left, so due to the *"lack of recording, lack of available staff member to give statements, failure to report to Trust Adult Safeguarding for investigation,"* the HSC Trust could not be certain the families' interpretation was correct. Lack of accurate recording and failure to follow HSC Trust procedure for potential Adult Safeguarding cases and failure to adhere to Runwood complaints procedure were identified by this HSC Trust as key issues.

Dunmurry Manor was unable to provide complete information to HSC Trusts

to conduct safeguarding investigations. All HSC Trusts have a statutory duty to monitor and review the care of their placed residents in Dunmurry Manor. However, it is clear that any safeguarding investigation by the HSC Trust would have been incomplete or inadequate without the relevant information being available. Despite this, there is no evidence that the HSC Trusts used the powers available to them when they could have, and in fact only discussed taking action after Dunmurry Manor was in failure to comply.

There appear to have also been problems with the usage of correct procedures to report complaints to HSC Trusts and other bodies. A former staff member in one of the interviews recalled a staff member from one of the HSC Trusts calling a senior employee of Dunmurry Manor a "liar." This member of staff said *"I don't believe the reports that had been put to the Trust were comprehensive... inconsistencies in reports dependent on who wrote them...sometimes the information wasn't there – or sometimes the reports didn't correspond with what had been sent before."* One of the former managers of Dunmurry Manor recounts that accident books used were not kept as the official accident record of what had happened, which is a legal requirement.

Despite the problems being discussed by officials from different RAs, reflection of these issues in RQIA inspection reports is mixed. The 21st October 2015 Report states that inspectors were unable to evidence the action taken against complaints. The 24th June 2016 inspection reviewed the complaints record, and the report stated that the management of complaints was in

accordance with Regulation 24, outlining that patients and representatives confirmed when they raised a concern or query *"they were taken seriously and their concern was addressed appropriately."*

In contrast, the 17th October 2016 inspection report found that complaints were not always managed in accordance with Regulation 24. Not all complaints were recorded and evidence was lacking in respect of communication with complainants, the result of investigations and actions taken. Overall, the inspection reports do not reflect the scale of complaints which were provided in evidence to the Commissioner, both from witnesses and in the documentary evidence submitted by the RQIA. In reality, from soon after Dunmurry Manor opened, they were receiving complaints from family members and former staff that reflected a wide variety of the problems in the home which highlighted inadequacies with the complaints process.

Family Experience

There is a consistent series of reports from residents' families, both in interviews to the Commissioner and to RAs, that documentation, meetings and investigations into complaints either took a long time to happen or did not happen at all. One family member described a long series of complaints, including a serious complaint about a pressure sore that was not dealt with appropriately. They said they *"felt like it wasn't dealt with no matter what you raised."* There was no contact to the family from Dunmurry Manor, or the RQIA (although the family had also raised the issue with them).²⁸

The way complaints were dealt with proved upsetting to some families, both in terms of the tone taken, and the lack of resolution. This included, in some cases, families being encouraged not to complain, this being directly opposed to good practice recommendations. A family member said the *"overall experience of raising a concern with Dunmurry Manor, was worrying, stressful and troublesome."* One relates their family member being found in a chair dehydrated and constipated - staff *"never apologised. I was made to feel like I was making a big deal. They never did anything."* Another said that *"I complained to (Manager) about my father and was told to go outside and calm down."* Another family member said that they *"found when families make a complaint, almost as if Dunmurry Manor closes ranks, communication with the family is ceased."*

This point was reflected by the experience of another family member who called the process of an investigation into a serious sexual assault as *"an absolute joke"*, where Runwood and staff had been uncooperative, and a meeting took around six months to happen. One family member stated, *"I don't have any faith that anything will be done.....If you are ever able to do anything with Runwood Homes it's a miracle because they are a law unto themselves."* The Commissioner recognises that involvement of families and relatives throughout the complaints process is vital. This resonates with the words of the Chairman of the

Hyponatraemia Inquiry²⁹ when he stated that *"shortcomings in communication fuel suspicion"*. This was never more true than in the cases of families' experiences in Dunmurry Manor.

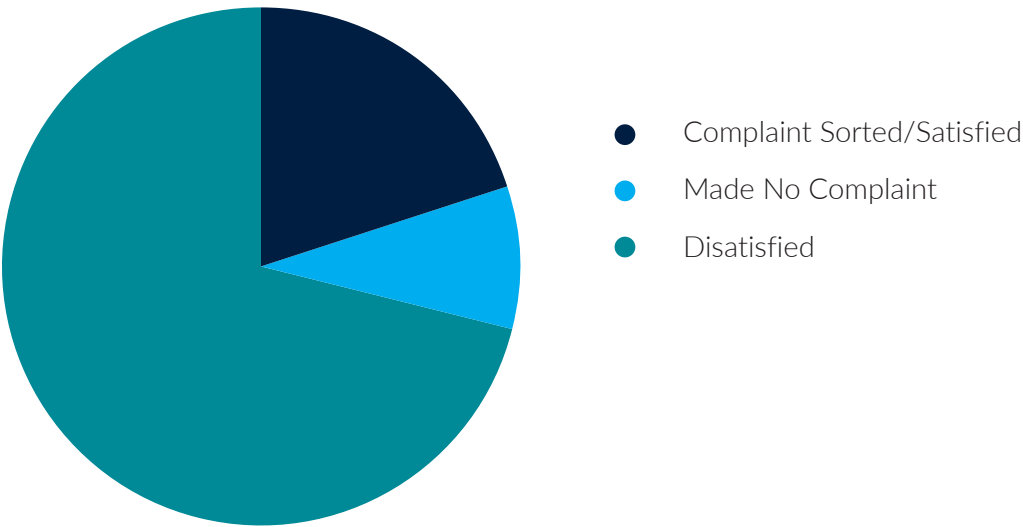
Some families interviewed expressed concern about the failure of management of Dunmurry Manor to prioritise the handling of complaints. One commented that *"I do not think managers were given a chance to learn from their mistakes. One thing was leading to another - a buildup. One of the Managers was not experienced enough to take on a care home - not experienced enough in dealing with complaints."* Another said that *"Managers just paid lip service to be honest. They told you what you wanted to hear and no follow up...experience of raising a concern was horrendous...the way older people are treated is a disgrace. It is criminal."*

Families also described to the Commissioner how they were confused about the role of the RQIA and what their remit was in the complaints process. Families expressed surprise when told by the RQIA that their complaints were *'nothing to do with them'*. One family member said *"in hindsight you don't know their role, I'm still confused as to their role."* There were instances given in evidence of the RQIA also being slow to respond to communications from families.

²⁸ This echoes one of the findings of the recent Inquiry into Hyponatraemia-related Deaths, where institutions were slow to respond and families felt they were not receiving sufficient information.

²⁹ *The Inquiry into Hyponatraemia-related Deaths: Report*, January 2018

Families Interviewed by COPNI - Complaints to Dunmurry Manor



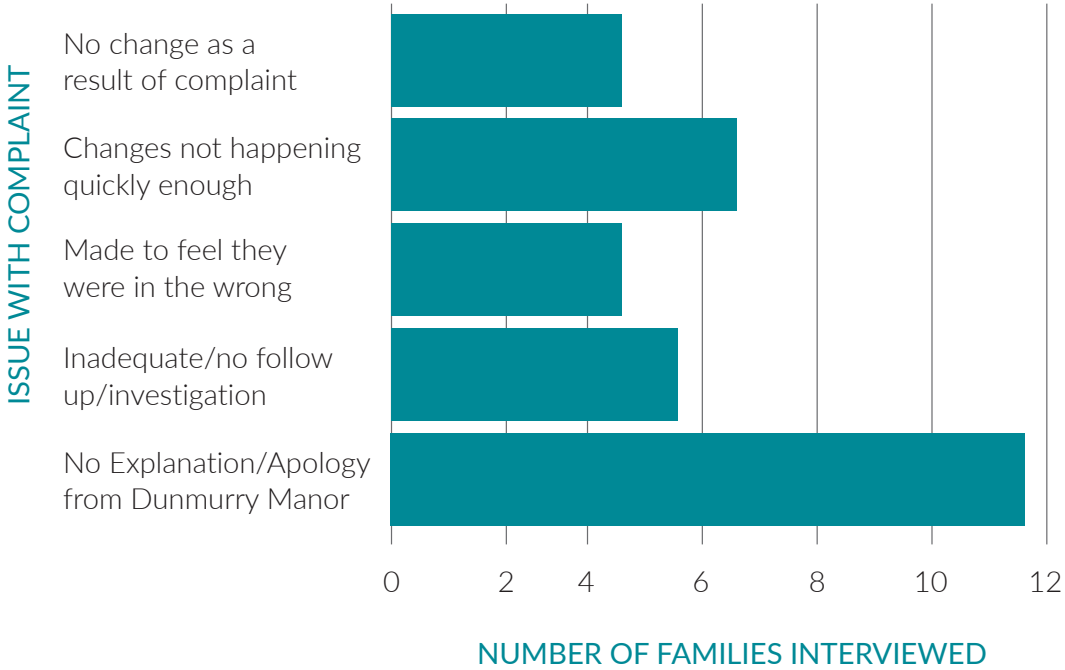
The process of making a complaint and any action eventually being taken was a fragmented process. The final outcome was often unsatisfactory to families. Below are quotes from families who saw no action or change as a result of making a complaint, and in some cases, reflect a view that there was 'no point' to making a complaint as it would not change anything in Dunmurry Manor:

- "No one apologised for this. There was no apology or statement that the Home would do anything different, and no phone call from Dunmurry Manor to see how [resident] was."
- "Frustrating raising a concern because nothing changed...got fobbed off".
- "Complaints raised, while listened to, were rarely ever acted on."
- "They would always listen to our concerns but never did anything about them."

- "They didn't learn from complaints... we kept having to make the same complaints."
- "Complaints... you get to the stage there is no point making complaints. Dad said "get me out of this place."

Given that some families of residents in care settings may feel reluctant to complain for fear of worsening care for their relative, the perception among some families that there was little point in complaining must be seen as a part of a double deterrent to families. Families clearly believed that the risk of making a complaint which may have an adverse effect on their relative was not balanced by a corresponding incentive, i.e. that the complaint would lead to improvements in care.

COPNI Interviews - Families Disatisfied with complaints to Dunmurry Manor



Findings of the investigation in relation to Complaints and Communication

	Theme 8: Complaints and Communication (CC)
CC 1	Evidence of poor complaints handling
CC 2	Evidence of poor learning from complaints processes
CC 3	Evidence of poor communication with families and complainants
CC 4	Absence of feedback or follow-up reporting to families of residents following the raising of a complaint, concern or incident
CC 5	Evidence of confusion from families with regard to RQIA remit in complaints process.

Recommendations: Complaints and Communication

R49: Dunmurry Manor / Runwood must introduce an open and transparent complaints management system and welcome the early involvement of families and relatives in complaints resolution. Families should be well informed at all times of the next steps in the complaints process. Families should be given meeting dates well in advance rather than requesting a meeting themselves. If a meeting has to be cancelled due to unforeseen circumstances this should be communicated to the families promptly.

R50: There must be improved communication between all bodies receiving complaints. Central collation would enable complaints to act as a better 'Early Warning System' about a failing home. A requirement for annual reporting of numbers and types of complaints, how they were dealt with and outcomes, would be a first step towards more open and transparent communication about complaints.

R51: Given the poor information sharing over the issues in Dunmurry Manor, there should be a central point of access where the RQIA can access all complaints made to a home. They must then use this access to track patterns and look at the detail of complaints that are indicative of serious concerns.

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

R53: A duty of Candour (see Section 9) must be introduced to provide a transparent and meaningful learning process from complaints.

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

4.9 Accountability and Governance

Conclusions: Accountability and Governance

The evidence gathered during the investigation supports the following conclusions in terms of the accountability and governance issues:

- It is clear that the responsibility for the delivery of care and support to older people in a home is diverse and complex and involves many different public bodies and organisations without adequate requirement to work cooperatively and collaboratively to do so.
- Evidence provided by Runwood Directors indicates a serious and significant disconnect between what was being reported to the Board and what was happening at a local level
- Evidence provided by RQIA witnesses, including Board Members that the serious failings identified at Dunmurry Manor were seen as "operational" and it was not considered necessary to escalate to the attention of the Board and Chairman
- Residents' families were unable to understand where accountability for failures in care and treatment resides in the system of care home provision
- A lack of ownership and follow up of information communicated to Dunmurry Manor, HSC Trust staff and the RQIA creating an environment where problems persisted for unacceptably long periods of time. Concerns were raised by relatives, staff to HSC Trust officials and by HSC Trust officials to the regulator for periods of months with no demonstrable change being affected in Dunmurry Manor
- The South Eastern HSC Trust, as host Trust, did not use the mechanisms available to them in their contract with Dunmurry Manor to bring about the change and improvements required in the home.

The independent sector provides 90% of all residential and nursing home care placements in Northern Ireland.³⁰ In 2017, there were 250 nursing homes and 194 residential care homes registered, with a number of larger companies owning multiple homes.³¹ In the independent sector, it is important that individual homes and their parent companies be properly accountable for the standards of care provided and operate robust governance frameworks including the management of operational performance, communication, resourcing and budget.

Parent companies must strike the right balance in providing adequate autonomy for individual homes for the purposes of operational decision-making and company-wide oversight of compliance to legal and regulatory frameworks.

³⁰ <https://www.health-ni.gov.uk/sites/default/files/publications/health/cc-adults-ni-15-16.pdf>

³¹ <https://www.rqia.org.uk/what-we-do/register/services-registered-with-rqia/>

Standards and Legislation

Standard 35 – Governance – ‘Management delivery of quality care within nursing systems are in place that assure the safe homes.’

Resident A (see also safeguarding and human rights section)

Resident A (Res A) had experienced a number of falls, been hospitalised and was assessed after a period of rehabilitation, as requiring nursing care and placed in Dunmurry Manor.

Following a serious safeguarding incident, a safeguarding investigation was carried out on behalf of Res A and a meeting was due to take place between the family of Res A, the safeguarding team and the Runwood senior management.

The safeguarding investigation by the HSC Trust had completed approximately three months after the incident occurred. However, the Runwood report was still outstanding some nine months later. It became apparent during the first meeting between the HSC Trust staff member and the Runwood Senior management staff member that despite being copied into all the relevant information he had come to the meeting unprepared. A further meeting date was agreed for the family to attend. This date was cancelled at the last minute by regional management. It then took over four weeks for Runwood senior management to respond with a further date for this meeting. A HSC Trust member of staff described the senior management staff member’s ‘lack of commitment to meeting Res A’s family... both derisory and contemptable.’ (Sic.)

A HSC Trust staff member stated that documents which were requested from Runwood took approximately ten months to arrive with the HSC Trust and these documents were still incomplete.

With the exception of the Department of Health, all of the RAs are bodies that are at arms-length from either parent commercial companies or sponsoring Government Departments. Each has its own Executive team and Board. Evidence provided to the investigation highlights weaknesses in the oversight role of the RAs and each will be described below.

Throughout the Commissioner’s investigation, families of residents have expressed the view that there is an absence

of leadership across the system caring for their relatives. They have expressed an expectation that the system should be more easily navigated, that roles and responsibilities of different parts of the system should be more clearly explained and that it should be possible to easily understand who is accountable when things go wrong. Families who contributed evidence to the investigation described navigating the Health and Social Care system as time consuming, confusing, and stressful.

Department of Health

The Department of Health (the Department) in Northern Ireland is the Sponsoring Body for the RQIA. It is also the department with overall responsibility for the performance of the HSC Trusts (although each trust is individually constituted). There is no evidence that the seriousness or scope of problems at Dunmurry Manor was brought to the attention of the Department until November 2016, after Dunmurry Manor was deemed by RQIA to be in formal Failure to Comply with minimum standards.

At that time, the Department received an “early alert.” Although it is not possible to know for certain what information was provided to Ministers (verbally), it is understood that a briefing was provided in writing.

The Department received the “Cherrytree Report”³² and oversaw partial implementation of changes in response to recommendations made in the report. There is well-founded public expectation that the Department, as the top level of the hierarchy with responsibility for the provision of health and social care, is accountable for failures of the systems delivering such care. There do not appear to be adequate system processes or protocols to drive such ultimate accountability.

The Department appears to have only a peripheral involvement in this regard. The departmental officials who attended for interview during the investigation clearly emphasised that they had no involvement in the ongoing situation in Dunmurry Manor.

Dunmurry Manor / Runwood

Runwood Homes Limited is a private limited company, operating in England and Wales, and more recently expanding operations into Northern Ireland. The principal activity of the group is to provide high quality residential and day care services for older peoples’ needs and those living with dementia or having a requirement for nursing care.³³ The group operates 10 residential and nursing homes in Northern Ireland ranging in size from 52-100 beds each. The published turnover of the group was £130,103,993 in the year ending September 2017, an increase of 10.8% from the previous year. The profit for the same period (before impairment) was £13,746,075. In the Directors’ Report 2017, Runwood states that “the Dementia Care Team, which was created three years ago, has continued to monitor, audit and report, as well as acting as advisers, in ensuring the highest quality of service is delivered in all homes when meeting best standards of care for those living with dementia.”

In August 2017, Runwood’s Ashbrooke Care Home in Enniskillen was closed by RQIA because of “serious risk to life”. Thirty nine residents were removed from Ashbrooke Care Home and placed in alternative locations. Runwood lodged an appeal of the closure to the Care Tribunal in September 2017. In April 2018, the company withdrew its appeal.

The Northern Ireland homes are managed by a local regional director (the group’s management structure and personnel have changed recently). The senior management of Runwood gave

³² Full Title: The Independent Review of the Actions taken in relation to concerns raised about the care delivered at Cherry Tree House, Carrickfergus

³³ Runwood Homes Limited, Directors’ Report and Consolidated Financial Statements for year ended 30/09/17 (the Directors’ Report)

evidence that they had been informed by regional management that Dunmurry Manor was performing well overall. Yet senior management were in weekly contact with regional management in Northern Ireland and also recounted several visits to Dunmurry Manor since it opened. Evidence was provided by senior management that regional management had directed all correspondence to a Northern Ireland address, but it appears that this did not raise any concern with Runwood.

Accountability at all levels of independent providers of care and nursing is fundamental to ensuring public confidence. Clear audits and robust inspection protocols must be fully and consistently adhered to by all care home staff. From senior management down there must be genuine commitment to ensuring the accuracy of information provided to Board level and action taken if and when such information is found to be incomplete.

There was a lack of evidence of Board level oversight provided to the Commissioner's investigation. Board minutes should have reflected the ongoing difficulties reported by staff at operational levels in Dunmurry Manor prior to the formal enforcement action taken in November 2016. Further concerns surrounding the Failure to Comply Notices being served upon Dunmurry Manor and the actions to be taken do not appear to have been reported to or discussed by the Board. A clear and transparent process for addressing significant deficits in care and treatment, in managing improvement and associated risk should be in place at Board level. Evidence of this was not provided to the Commissioner.

Interviews with Runwood Directors highlighted an overreliance on the assurances of one regional manager. Where a parent company is not locally based there should be additional checks and balances in

place to ensure consistency and quality of care provided.

The evidence provided to the investigation highlights a consistent problem with the content and effectiveness of audits, for example of care records or medicines, with these being mentioned frequently in the RQIA's inspection reports since April 2015. At a Serious Concerns Meeting with members of the RQIA and the South Eastern HSC Trust present, concerns were expressed about the quality of governance arrangements in Dunmurry Manor and it was stated that *"there was no evidence that there were effective systems in place for reviewing, at appropriate intervals, the quality of nursing and other services provided by the home."*

The assurances provided to the Runwood officials, that all operational matters were in hand, directly contradicts the evidence given to the investigation from other levels of management and staff. Evidence submitted to the Commissioner reflected a degree of frustration from local managers about the support given by Runwood HQ to the management of Dunmurry Manor. A former manager who had just taken up post described the action plan developed in response to requirements from inspections as not addressing the pertinent issues.

A different former manager described being provided with an action plan and told by Runwood management *'it is over to you'* – with the result that they said they felt *'unsupported'*. A senior HSC Trust representative commented that *"Runwood is a cause for concern – over the last 5-6 years. When you get an organisation like Runwood which is purely business orientated and the managers are not being given the required level of support and resources."* Evidence suggests that the approach taken by the HSC Trusts was to report concerns to the RQIA and to place experienced staff in

the home for a short period in 2016-17 to provide hands-on support. The RQIA continued to undertake a type of management by frequent inspection. This proved to be unsustainable for the South Eastern HSC Trust which then removed the additional support prior to commencement of the Commissioner's investigation.

A former Runwood staff member said head office were *"continually trying to push to fill beds; they would tell you this is a business, we are running at a loss; it wasn't making money."* One HSC Trust staff member said one of the former managers was being asked to run Dunmurry Manor by head office with a lower level of staff than they really needed. One member of senior management would have *"promised the sun, moon and stars but saw no evidence of him actually being able to turn anything around."*

Those staff members making such comments did not provide evidence of actions taken to address their concerns, by them or others. Nor did any RA take up the opportunity to cross-examine this evidence or produce evidence or witnesses to refute it.

RQIA

The statutory role and responsibility of the RQIA has been addressed in detail in Chapter five. This chapter is concerned with the role RQIA has or could have in protecting the interests of residents and their families.

There is a clear disconnection between the public expectation of the role of the regulator in dealing with care home complaints, safeguarding concerns and inspection protocol and the technical oversight of the Regulations governing nursing and residential homes. Whilst

it is important that each public body involved in the commissioning, provision and regulation of care does not duplicate another's role, the result of the current architecture, roles and responsibilities is a complex system where the rights and needs of the individual older person are not given sufficient priority.

The officials of RQIA interviewed during the investigation were clear in terms of the limits of their role not extending to monitoring the performance of Dunmurry Manor and the management of complaints by families. However, their strict adherence to their current approach to inspection proved unhelpful in recognising, reporting and addressing the evident failures of care and treatment in the home.

Despite not being aware of all that was happening within Dunmurry Manor, the RQIA did have a volume of knowledge through individual inspectors, incident reports and material logged on their internal systems, that indicated substantial issues in Dunmurry Manor. Despite individual pockets of knowledge within the organisation, the RQIA as a whole was not aware of the seriousness and scope of concerns about residents in Dunmurry Manor. RQIA inspectors and managers did not deem the knowledge of problems at Dunmurry Manor to require escalation to the most senior Executive or Board level.

Although at each Board meeting a senior official reported on enforcement activity and other compliance issues, Dunmurry Manor received limited mention. The Commissioner's investigation is recorded as being mentioned once in the Board Minutes and no detail of the discussion is recorded. When

interviewed a number of Board members, including the current Chair confirmed that their knowledge about the failures of care and treatment was restricted to a briefing received by senior RQIA officials prior to interview.

At interview and in documentary evidence, a previous Chair of RQIA was critical of the pace and scale of change in implementing the recommendations of the Culture of Care and the Cherrytree Report. Implementation of such changes arising from previous advice would likely have contributed to better handling of the issues at Dunmurry Manor. The evidence of the former Chair was provided to the investigation in 2017, nearly three years after the recommendations of these reports had been published.

All public bodies involved in the provision of care must display clear ownership and accountability. It should be clear which organisation is responsible and at what point action should be taken. The Commissioner is concerned that the Board of the RQIA does not appear to take a more active involvement in the strategic oversight of failing care homes.

HSC Trust Responsibility

Four of Northern Ireland's HSC Trusts collectively placed residents in the home as well as providing training on a number of occasions, on a range of older peoples' care issues. Their placement of residents in the home triggered a statutory requirement on these HSC Trusts to "*put and keep in place arrangements for the purpose of monitoring and improving the quality,*" of the service provided.³⁴ In parallel to these arrangements runs the Trust's duty in terms of receiving and investigating complaints. The HSC Trusts

have a role that goes beyond placement and includes responsibilities that last through a resident's tenure in a home. Each HSC Trust retains a duty of care for residents placed, by it, in homes operated by independent providers. Through the processes of needs assessment, monitoring and review of care, HSC Trusts must ensure that each resident receives care and treatment compliant with the Minimum Nursing Standards.

It is clear from evidence provided and interviews with officials from the HSC Trusts that concerns were raised by staff with responsibility for residents in Dunmurry Manor and meetings were held between the four HSC Trusts affected. Minutes provided show concerns raised in respect of all aspects of the care provided as well as the role of the RQIA.

What is not clear is the reason why the level and frequency of concerns were not escalated to the Chief Executive of each HSC Trust and particularly the host HSC Trust at the earliest point. Staff at middle-management grades and below commented on their frustration at not being updated once concerns had been raised to senior managers.

A senior official from the South Eastern HSC Trust commented on the limited "*levers of control*" available to be used to address the ongoing situation in Dunmurry Manor. The contractual basis of the relationship in place between the South Eastern HSC Trust and Runwood is governed by the Regional Contract (the "*Regional Contract*") in place for Northern Ireland. The poor / unsatisfactory performance was not challenged under the terms of the Regional Contract. The Regional Contract allows for the withholding of up to 20% of the monthly

sums payable under the contract in the event of a material breach which has not been remedied. The South Eastern HSC Trust did not exercise these contractual clauses against Runwood. The evidence supports the conclusion that the HSC Trusts did not use the mechanisms available to them in the Regional Contract to ensure providers maintain levels of service delivery to the required standards.

Duty of Candour

Throughout this investigation, the Commissioner has been frustrated by the lack of certainty that full disclosure of evidence has been made by the RAs as well as the delay in production of information and documentation by a number of them. This was further exacerbated by the slow response and lack of availability of some witnesses for interviews. Some HSC Trust staff and Dunmurry Manor staff and former staff appeared reticent to openly challenge the status quo. Many families and relatives spoke of their frustration at not being able to speak openly to staff and management and that they became seen as part of the problem when they raised concerns or complaints. It is concerning that, despite the legislative

protections for whistleblowers, witnesses expressed a chill factor in making adverse comment or reporting concerns.

A commitment to improve the care, treatment and protection of residents must be more than words. This is particularly important given the findings from the recent Inquiry into Hyponatraemia – related deaths³⁵ and the previous Mid Staffordshire NHS Foundation Trust Public Inquiry³⁶. Both of these Inquiries highlighted a disturbing lack of honesty and openness with families and the Inquiry reports recommended that a statutory duty of candour be imposed where death or serious injury had occurred. The recommendation³⁷ from the Inquiry into Hyponatraemia – related deaths is for the establishment of a duty of candour in Northern Ireland which would attach to both individuals and organisations in the event of death or serious harm to an individual in a health care setting. The Commissioner also makes this recommendation.

³⁴ The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

³⁵ The Inquiry into Hyponatraemia-related Deaths: Report, January 2018.

³⁶ Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry, February 2013.

³⁷ The Inquiry into Hyponatraemia-related Deaths, Recommendations 1-8, pp.84-86.

Findings of the investigation in relation to Accountability and Governance

	Theme 9: Accountability and Governance (AG)
AG1	Lack of ownership and accountability for progressing improvement action plans following inspections
AG 2	Evidence of persistent delays from Runwood Homes Ltd in making themselves available for important review meetings on complaints and safeguarding issues
AG 3	Evidence of the Relevant Authorities' lack of confidence and frustration with Runwood senior management's ability to commit to the level of improvement required
AG 4	Evidence of a lack of local decision-making authority and the fact that head office held budget sign-off, leading to delays with ordering and availability of necessary stock and supplies

Recommendations:
Accountability and Governance

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

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

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

R58: The Regional Contract should be reviewed and training provided in relation to its content and effective use of its terms. The Department of Health should conduct a review of whether this contract is adequate in terms of being able to enforce the performance obligations contained therein.

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

5.0 Investigation Conclusions and Summary of Recommendations

Structure and content of the Investigation Report

As a result of the evidence gathered in this investigation, the Commissioner is making **59 recommendations** across 9 aspects of health and social care provided at Dunmurry Manor Care Home. The recommendations are re-stated at the end of this report.

General Observations

This investigation has highlighted the significant failures of RAs to take action in order to address issues quickly and effectively and to ensure improvements. The HSC system must accept that processes and procedures currently in use were ineffective in this case, and must learn from the experience of the families of residents in Dunmurry Manor.

There is a public expectation, particularly amongst family members of residents of Dunmurry Manor that those responsible for poor care and treatment will be held to account. The Commissioner's powers do not extend to penalties and the investigation cannot determine either civil or criminal liability.

However, the Commissioner expects the leadership of the HSC system to take immediate appropriate action to hold to account any individuals or bodies failing in their duty to care for and safeguard the health and wellbeing of the residents of Dunmurry Manor. Where findings, conclusions and recommendations are made, it is expected that lessons will be learned and changes will be made by the RAs. The Commissioner will monitor the RAs' actions to address the recommendations made within the report

and will draw attention to any failure to implement changes that will prevent any recurrence of these events in Dunmurry Manor.

Repeating the mistakes of the past

Providing care for older people made vulnerable by frailty and dementia is among one of the most rewarding but intensive areas of employment and service provision. Sporadic adverse incidents or unusual events in care settings are to be expected and indeed, systems for reporting and monitoring such matters already exist.

Unfortunately, it is clear from the evidence provided to this investigation that shortcomings in the care and treatment of residents in Dunmurry Manor were common place. The *Cherrytree* Report in 2014 highlighted similar shortcomings in care in another home over an 8-year period and the experts made recommendations for change to the health system. Shortly thereafter the inaugural Commissioner published advice to government, *Changing the Culture of Care* (November 2014) which supported the recommendations of the *Cherrytree* Report and went further in making more recommendations for whole-system change.

Since 2014 the Commissioner has repeatedly sought assurances from the Department that action is being taken across and within the HSC system to implement the recommendations, or to explain why actions cannot be taken. The responses to the recommendations have been piecemeal, slow in pace and inadequate in scope to address the recommendations. Until the leadership of Health and Social Care in

Northern Ireland takes responsibility for improvements in care and acts swiftly to address the failings demonstrated in Dunmurry Manor, the public can have no confidence that the circumstances at Dunmurry Manor are totally resolved.

Warning Signs

Over the sixteen months that the investigation has taken place, the complexity and structure of the "system" which provides, funds, regulates and monitors the provision of residential and nursing care in Northern Ireland has been subject to significant review and a series of recommendations for change have been made.

Currently, each RA has established roles and responsibilities in relation to the placement, monitoring and review of residents placed in care settings. These include:

- Assessing the care needs of older people seeking residential or nursing care
- Arranging the placement of residents
- Funding the care of some residents (on a means-tested basis)
- Regular review of the suitability of the placement of each resident
- Regulation and inspection of care settings
- Investigation of safeguarding incidents
- Management of complaints
- Notification of events and incidents

This investigation reveals that there was inadequate cooperation between the Trusts and the RQIA. There were clear opportunities to share information that were missed, and opportunities to act on information that was received, were not taken.

Drawing together evidence from all of the RAs (where provided) and setting it alongside witness evidence demonstrated clearly that, although multiple organisations were involved at different points in the first two and a half years of Dunmurry Manor operating, none of the individual authorities were aware of the full scale of the issues being experienced by residents in the home. A chronology timeline is attached at Appendix 4 (end of the report).

- There was a wide variety of issues within Dunmurry Manor leading to poor care and treatment of residents.
- Serious issues and incidents were occurring in Dunmurry Manor from an early stage.
- Issues continued throughout the timespan examined by this investigation, worsening in volume at points, and continuing for a significant period after Dunmurry Manor had been served Failure To Comply Notices.

More effective action at an early stage could have prevented the worst of the problems experienced by some residents. However the different parts of the system were not able to work collectively to bring this about, despite each RA having awareness of some of these problems. Even in cases where information had been shared, such as from the Northern HSC Trust March 2017 monitoring visit, there did not appear to be active follow up by the RQIA on an inspection just 6 days later. The table which commences on page 74 of this report shows the RQIA Inspection process did not uncover the true extent of the problems within Dunmurry Manor.

“Red Flags”

Many families made constructive, specific complaints to Dunmurry Manor, Runwood, the HSC Trusts and RQIA. Families expressed frustration that they could not get these matters resolved. As well as individual families having their complaints addressed, if the RAs had been monitoring complaints to identify thematic problems, the seriousness of the circumstances at Dunmurry Manor may have been more swiftly identified and action taken.

The system did not take decisive action when Dunmurry Manor was demonstrated to be failing, especially after receiving three FTC notices as part of the enforcement action taken in October 2016. The enforcement action conditions, including closing the home to new admissions for a period up to ninety days, were not lifted for nine months.

Often Dunmurry Manor was able to appear to meet minimum standards during periods where there is evidence from those interviewed of significant problems in their relatives' care and treatment. This report advocates for the inspection system to become more attuned to the signs that a home is in trouble, and support this with an enforcement system that adheres to tighter timeframes and allied to changes in contracts and the ability of the commissioning HSC

Trust to exercise penalties. These steps would equip the system to ensure that providers have more powerful incentives to get things right at the earliest stage possible and to maintain appropriate levels of care.

Many families of residents told the investigation that they wish they had understood better how to choose the right home for their relative. They said that, beyond the glossy brochures, produced by individual homes, it is not possible to know a well performing home from a poor one. Families complained that they were unaware of the RQIA and that when they were directed to it, they found the inspection reports difficult to access and hard to understand.

The HSC system must use the negative experiences of families to improve the accessibility of information and help families to make an informed decision about which care home to choose for their loved one. The Commissioner recommends the introduction of a rating system for care homes and increased accessibility to detailed information about the performance of care homes against the standards. The RAs should become more proactive at seeking the involvement of relatives in the assessment of the quality of care being delivered.

Lessons to be learned

Dunmurry Manor

The investigation found that Dunmurry Manor had problems delivering acceptable standards of care from the very early weeks and months of the home opening. A common theme from interviews was staff issues. It should have been clear to local management that staff were struggling to deliver the fundamentals of care which was further compounded by the high levels of agency staff who were unfamiliar with the residents. Many staff interviewed felt Dunmurry Manor was providing inadequate levels of training, mentoring and induction, making it difficult for new staff to provide an appropriate level of personalised care.

What several interviewees described as the 'chaos' within the home caused low morale and some staff to leave with some agency staff expressing their concerns after only one shift. Dunmurry Manor could not retain experienced staff, and as a result had to constantly hire new staff who did not have long-standing knowledge of the home and residents, further hampering efforts to provide a high standard of care.

The HSC system should have done more to recognise the cycle of staff attrition and require Runwood Homes to address the matter.

Dunmurry Manor/Runwood Homes ability to take decisive action to address its own shortcomings was compromised by a culture of blame from some members of senior management. New managers gave evidence that they received minimal advice and support

from regional management, whilst Runwood Homes HQ appear to have accepted assurances without question from Northern Ireland management that the home was performing well. The Commissioner believes this contributed towards the high turnover of managers, with ten managers having been employed (nine of whom left) since it opened. The failure to secure long tenure of a manager in the home caused uncertainty among staff, and disrupted focus on addressing the issues in Dunmurry Manor. Runwood HQ management were slow to react to problems that were drawn to their attention by HSC Trusts and RQIA.

Dunmurry Manor had unique insight into the problems and the serious safeguarding incidents. Instead of addressing the problems, members of senior management portrayed that the home was improving and delivering high levels of care. The significant problems Dunmurry Manor had around progressing complaints, record keeping, and obtaining input from families meant Dunmurry Manor was losing opportunities to gain information that could have been used to flag up problems earlier and make lasting improvement.

A priority for Runwood / Dunmurry Manor is the need to end the cycle of high staff and managerial turnover, as this created the context for many of the problems to develop. Senior management need to give managers the support to address issues arising.

Better staffing levels and retention of existing staff, would improve the

provision of high quality, personalised care within Dunmurry Manor, while giving staff more time to ensure the home has acceptable standards of environmental cleanliness.

The evidence gathered indicates that investigations into serious incidents at the home were hampered by incomplete documentation. Ensuring records are maintained thoroughly and correctly is vital, as gaps in records have many consequences for the provision of care and medicines and for the progression of investigations when incidents happen and for proper audit purposes.

Runwood Homes should reconsider the budgetary and administrative practices that led to departments within Dunmurry Manor not being able to order important equipment, and staff having to occasionally buy this equipment themselves.

RQIA

The investigation clearly uncovered the differences of professional opinions about the lived experience at Dunmurry Manor. Despite many complaints from families of residents and despite HSC Trusts voicing significant concerns about the performance of the home, RQIA inspections found only a proportion of the problems uncovered by this investigation.

What was noteworthy in the evidence gathering was that several RQIA witnesses who gave evidence to the investigation said that *"Dunmurry Manor is not the worst"*. The Commissioner is concerned that there is a degree of de-sensitivity to what are acceptable norms in a care home. It is clear that RQIA inspectors did not see the extent of the problems at Dunmurry Manor and that if they had seen the totality of the evidence provided to the investigation it is hoped that the action taken would have been different.

The public relies on the RQIA for assurances that the services caring for and protecting their relatives are safe, effective, compassionate and well led. Even allowing for the information that was not disclosed to or sought by the RQIA, it is clear that it did not identify the scale of the poor performance of Dunmurry Manor quickly or effectively.

Overcoming structural barriers

People who do not work in the Health and Social Care Service often expressed that they find the system confusing and complex. Families of residents gave evidence that this complexity is unhelpful when trying to find someone to provide information or deal with a complaint. It makes no sense to the public that the regulator will not listen to their complaints and try to address them. The formal complaints processes managed by Dunmurry Manor/Runwood and the HSC Trusts were not the subject of any positive comments during the investigation.

Employees of the HSC system gave evidence in their interviews that they too experienced frustration in trying to work with processes and protocols that intended to bring together various individuals or services to work together towards a common goal. The most significant of these was the professional relationship between the Trusts and RQIA. The investigation team asked officials why it was difficult to get information to pass easily between services, and it is clear that there is limited resource or imperative to improve the communication, align service delivery and oblige follow-up between different parts of the system.

The RQIA is the regulator of all care settings, not just of the independent providers, but also of the HSC Trusts themselves and as such carries a significant amount of power in the system. As one Trust official

commented *"you don't argue with the referee"*.

HSC Trust officials also expressed difficulty in requiring independent providers to make improvements given the contractual relationship between the HSC Trusts and the providers. HSC Trusts seem apparently unable to influence the providers to make significant improvements to services without drawing in the RQIA to "enforce" change. In the case of Dunmurry Manor it is clear that the South Eastern HSC Trust tried to do this, but that inspection findings did not accord with what HSC Trust staff and allied health professionals knew was happening on the ground.

Solving these difficult challenges in the management of poor performance by independent providers will not be possible if the Department takes the findings of this investigation and asks each part of the system to address the problems identified in their part of the service. That has not worked in the past. The changes that are required to be made will have to be worked through the whole system of care assessment, placement, monitoring, funding and regulation.

Management of complaints to drive service delivery

The proper management of complaints is a key driver of improving services. Each complaint must be considered on its own merit and should be resolved quickly and as effectively as possible. But where there is a collection of complaints about a particular service, this information is vital to those delivering services of thematic or systemic problems.

Although there was information available regarding Dunmurry Manor, insufficient and slow processing of it enabled problems at the home to worsen to the point that the frustration of families of residents became unmanageable by the HSC Trusts. Had there been a process for collecting and identifying themes arising from complaints, it would have become clear that Dunmurry Manor was a home that was struggling to retain staff and managers and that similar complaints (as outlined in the Chapters regarding Care and Safeguarding) were consistently and legitimately being made.

There is no evidence that this type of collation and analysis was undertaken by the HSC Trusts and the RQIA.

Additionally, the absence of intelligence about the state of the services left senior officials uninformed about matters that were deemed to be "operational". No doubt one or two of the incidents occurring at Dunmurry Manor could be deemed operational but given the excessive number of adverse events outlined in the evidence provided to the investigation, someone at a senior level should have been better informed about the challenges faced by residents at Dunmurry Manor.

Senior officials of the HSC Trusts gave evidence that they took the assurances given to them by more junior staff, mostly without question. Few of the officials at the most senior levels of the HSC Trusts were informed about concerns, challenges and difficulties in dealing with poor care and safeguarding at Dunmurry Manor until the FTCs were in place and shortly before the Commissioner's investigation commenced.

Other large institutions recognise that a large accumulation of smaller problems inevitably create a significant risk of harm. There was no valid reason given for failing to escalate the concerns relating to Dunmurry Manor except that no individual or authority was aware of the totality of evidence that circumstances at the home were unacceptable. Consideration must be given by the health and social care authorities on the escalation of concerns from the “operational” to the corporate level so that the influence of more senior officials can be brought to bear on matters that are so serious and long-standing as they were in Dunmurry Manor.

6.0 Summary of Recommendations

	Safeguarding And Human Rights
R1	An Adult Safeguarding Bill for Northern Ireland should be introduced without delay. Older People in Northern Ireland must enjoy the same rights and protections as their counterparts in other parts of the United Kingdom.
R2	The Safeguarding Bill should clearly define the duties and powers on all statutory, community, voluntary and independent sector representatives working with older people. In addition under the proposed Adult Safeguarding Bill there should be a clear duty to report to the HSC Trust when there is reasonable cause to suspect that there is an adult in need of protection. The HSC Trust should then have a statutory duty to make enquiries.
R3	All staff in care settings, commissioners of care, social care workers, and regulators must receive training on the implications of human rights for their work.
R4	Practitioners must be trained to report concerns about care and treatment in a human rights context.
R5	Policies and procedures relating to the care of older people should identify how they meet the duty to be compatible with the European Convention on Human Rights.
R6	The registration and inspection process must ensure that care providers comply with the legal obligations imposed on them in terms of human rights.
R7	The Department or RQIA should produce comprehensive guidance on the potential use of covert and overt CCTV in care homes compliant with human rights and data protection law.

	Care and Treatment
R8	HSC Trust Directors of Nursing, as commissioners of care in the independent sector, should assure themselves that care being commissioned for their population is safe and effective and that there are systems to monitor this through the agreed contract between both parties.
R9	There should be meaningful family involvement in care and treatment plans and decision making at all key milestones. Electronic or written care plans should be available to families on request, including nutritional information.
R10	The Commissioner reiterates Recommendation 4 of the Inquiry into Hyponatraemia-related Deaths that, "Trusts should ensure that all healthcare professionals understand what is required and expected of them in relation to reporting of Serious Adverse Incidents (SAIs).
R11	The Commissioner reiterates Recommendation 32 from the Inquiry into Hyponatraemia-related Deaths that Failure to report an SAI should be a disciplinary offence.
R12	Failure to have an initial 6 week care review meeting should trigger a report in line with SAI procedures
R13	The RQIA should pro-actively seek the involvement of relatives and family members as well as explore other routes to getting meaningful information, data and feedback on the lived experience in a care setting.
R14	The movement of residents by relatives to other care homes should be viewed as a red flag and feedback should be obtained by the commissioning HSC Trust and the RQIA on the reasons for such moves.
R15	There should be adequate support and information provided to older people and their families when facing a decision to place a loved one in a care home. Each Trust should allocate a senior health professional to oversee these placements and good practice. This would be greatly helped by the introduction of a Ratings System for care settings.

	Medicines Management
R16	Dunmurry Manor should consistently use a Monitored Dosage System for medicines administration which would prevent many of the errors identified in this investigation for the administration of regular medications.
R17	Care must be taken by staff to ensure any medicines changes, when being admitted / discharged from hospital, are communicated to the medical prescriber in order to institute a proper system to identify and amend any errors.
R18	Families of residents must have involvement in changes in medication prescribing. Explanation should be provided so that resident and family members understand the reasoning for any change.
R19	Staff should ensure it is clearly documented on each occasion why a resident might not be administered a medication.
R20	A medications audit must be carried out monthly or upon delivery of a bulk order of medication. This must be arranged with a pharmacist. To assist with more effective medicines management, providers of care homes should consider contracting with their community-based pharmacist (for a number of hours each week) to ensure that medicines management is safe and effective. The pharmacist could assist in staff training, identify where there are competency issues in the administration of medications and improve medicines governance within the home.
R21	The RQIA Pharmacist Inspectors need to review all medication errors reported since the previous inspection and review the Reg 29 reports in the home to ensure steps have been taken to improve practice.

	Environment and Environmental Cleanliness
R22	It must be a pre-registration requirement for RQIA and a pre-contract requirement for HSC Trusts that all new Care Homes specialising in dementia care comply with Dementia Friendly building standards [and that buildings already in place are subject to retrospective “reasonable adjustment” standards]. ⁴⁰ This must form part of periodic inspections to ensure suitability is maintained.
R23	Premises must be one of the areas that RQIA Inspectors routinely inspect as an integral part of an integrated inspection with a focus on the condition of residents’ rooms.
R24	Runwood must devolve goods and services budgets to a local level for staff to manage.
R25	The RQIA must review how effective inspections are for periodically covering all of the Regional Healthcare Hygiene and Cleanliness Standards and exposing gaps that a home may have in relation to these.
R26	Consideration should also be given to expanding these Standards in line with the NHS ‘National Specifications for Cleanliness’, which emphasise additional issues like the Cleaning Plan of the Home and a specified standard of cleanliness for different parts of the home/different types of equipment.
R27	The programme of unannounced ‘Dignity and Respect Spot Checks’ should also include assessment of the suitability and state of the environment. In Dunmurry Manor the breaches of key environmental indicators raise the question of whether residents were being treated with appropriate dignity and respect and whether this should have triggered warning signs about Dunmurry Manor at an earlier stage.
R28	Integrated inspections which cover all of the lived experience of residents should be introduced by the RQIA as soon as possible.

⁴⁰ Dementia Friendly Building Standards include the dementia - Friendly Health and Social Care Environments, Design for Dementia Audit Tool, the Environmental Audit Tool and the Enhancing the Healing Environment Environmental Assessment Tool. They include requirements on construction elements of a building, elements that can improve the built environment (such as artwork and signage), technical aspects (like acoustics, colour or lighting), and general design principles, such as multisensory environments, avoiding overlong corridors and areas of crowding, and uses of textures and colours

	Regulation and Inspection
R29	A protocol for collaborative partnership working in improving care in a failing care home should be developed and implemented as a matter of urgency by the RQIA and the HSC Trusts. The protocol should address the handling of complaints and the use of intelligence deriving from these to better inform all those with responsibility for the care of older people placed in homes.
R30	RQIA need to review their inspection methodology in order to access reliable and relevant information from residents and their families.
R31	RQIA inspectors must engage effectively with staff, especially permanent staff, in order to glean a more comprehensive view of the home being inspected.
R32	The use of lay assessors / inspectors in the inspection of care settings for older people should be introduced.
R33	There should be a strict limit to the length of time a home is given to make improvements to bring its service back into full compliance.
R34	The RQIA should implement an inspection regime which includes weekend and night-time inspections for all homes on a more regular basis (and at least once per year), especially where there are indications of problems within a home. This offers an opportunity to reflect on the management of night time and weekend needs when fewer staff may be present and residents may present with more challenging behaviours.
R35	The DoH / RQIA should introduce a performance rating system / a grading system, as is the practice in other jurisdictions of the United Kingdom as soon as possible.
R36	The system of Financial Penalties should be strengthened and applied rigorously to care settings which exhibit persistent or serious breaches of regulations.
R37	The RQIA should have a statutory role in ensuring that complaints are actioned by care providers to the satisfaction of complainants.

	Staff Skills, Competence, Training and Development
R38	The Department / Chief Nursing Officer as the commissioners of pre-registration nurse education should ensure workforce plans are developed that take cognisance of nurse staffing requirements for the independent sector.
R39	The Chief Nursing Officer (CNO) as a matter of priority should undertake a workforce review and commission work to design tools to measure nurse manpower levels required in the independent sector in Northern Ireland ie normative staffing level guidelines and the minimum standard staffing guidance revised accordingly.
R40	The RQIA should collaborate with the CNO in this work and revise the minimum nurse staffing standard No 41 to give more clarity to the independent sector on levels of nurse staffing which are required to deliver safe, effective and compassionate care.
R41	A high level of staff turnover and use of agency should be considered a “red flag” issue for commissioners of care and the RQIA. Such findings should trigger further investigation. The Nursing Home Minimum Standards on staffing should reflect concerns where there is a high staff turnover and state that exit interviews are required in the event of any staff terminating their contract with a provider.
R42	Trust Executive Directors of Nursing should ensure as commissioners of care in the independent sector that there are sufficient numbers of nursing staff to deliver safe, effective and compassionate care in the sector and assure themselves through the contract agreements with providers.
R43	The RQIA inspection process must review levels of permanent staff attrition as well as the balance of agency / permanent staffing levels across all shifts in place in a home and should review exit interviews.
R44	Runwood Homes must carry out an urgent staffing review to address weaknesses in induction, to investigate the high levels of attrition of nursing staff and managers in Dunmurry Manor and to make improvements to workforce management to encourage retention of permanent nursing staff and managers.

	Management and Leadership
R45	The RQIA should require managers leaving employment with a home to provide them with an exit statement, within a defined timeframe, to enable them to identify patterns or issues which should trigger an inspection. Exit statements would be treated in confidence (and not available to the employer).
R46	Any reports of inappropriate behaviour by senior managers in the sector should be investigated in full by the HSC Trust (at a contract level) and by the RQIA (in terms of the registered individual status). The outcome of these investigations should be a material consideration for the RQIA in terms of the “Fit and Proper Person” test.
R47	An independent body should be established to encourage and support whistleblowers throughout the process and whistleblowers need to be protected by the law to make genuine disclosures.
R48	Relatives / residents who raise concerns which are not resolved locally should have their complaints handled by the commissioning HSC Trust or the RQIA (See Section 8 on Complaints and Communication).

	Complaints and Communication
R49	Dunmurry Manor / Runwood must introduce an open and transparent complaints management system and welcome the early involvement of families and relatives in complaints resolution. Families should be well informed at all times of the next steps in the complaints process.
R50	There must be improved communication between all bodies receiving complaints. Central collation would enable complaints to act as a better 'Early Warning System' about a failing home. A requirement for annual reporting of numbers and types of complaints, how they were dealt with and outcomes, would be a first step towards more open and transparent communication about complaints.
R51	Given the poor information sharing over the issues in Dunmurry Manor, there should be a central point of access where the RQIA can access all complaints made to the home, not just to it. They must then use this access to track patterns, and look at the detail of complaints that are indicative of serious concerns.
R52	Complaints statistics relating care homes should be published annually and be made publicly available, subject to adherence to appropriate data protection protocols.
R53	A Duty of Candour (see Section 9) must be introduced to provide a transparent and meaningful learning process from complaints.
R54	In the event of a complex and serious complaint not being resolved locally, an independent complaints process should be engaged that allows access to alternative dispute resolution, providing appropriate support for whistleblowers and families.

	Accountability and Governance
R55	The sharing and analysis of communication regarding concerns about low standards of care must be improved within and between the HSC Trusts, the RQIA, including its Board and the Department of Health to enable a more efficient and effective information flow, action and follow-up in all matters pertaining to failures of care.
R56	Those who commission care should assure themselves that they contract with organisations which have strong governance and accountability frameworks in place. Record keeping should be subject to rigorous and regular audit.
R57	An individual Duty of Candour should be introduced in Northern Ireland for all personnel and organisations working across and in the system which governs and delivers care to older people to encourage openness and transparency.
R58	The Regional Contract should be reviewed and training provided in relation to its content and the effective use of its terms. The Department of Health to conduct a review of why/ whether this contract is adequate in terms of being able to enforce the performance obligations contained therein.
R59	All Relevant Authorities should develop and implement Escalation Policies that ensure senior officials are sighted in operational matters that are serious, protracted or otherwise significant in their business area.

7.0 Next Steps

Schedule 2 (3) and (4) of the COPNI Act 2011 outline how the Commissioner must report on an investigation as well as the requirements for *“Further action following report on the investigation.”*

The recommendations made by this report are supported by comprehensive evidence and the Commissioner believes, if implemented, they will improve standards. The recommendations clearly describe the action that needs to be taken and the desired outcomes. There would be a continuing negative impact upon older people if the recommendations are not implemented.

On receipt of the recommendations of this report, s.15 (1) 6 of the 2011 Act states that the RAs should consider the Recommendations pertaining to them, and determine what action they should take in response.

Within three months of the issue of this report, the Commissioner will require the RAs to provide documents that set out either:

- How the RA has complied or proposes to comply with the Recommendations pertaining to them
- Why they have not complied with these Recommendations
- Why they do not intend to comply with these Recommendations

The Commissioner will consider the responses issued, and will issue a statement outlining the overall assessment as to

whether the actions detailed in the responses will deliver the outcomes expected. The Commissioner may also need to issue a further notice should there be any failure to respond from RAs. The COPNI Act 2011 affords one further month for response from the RA if the Commissioner considers that the initial response and documentation received is inadequate.⁴¹

The recommendations are varied and some will require time and effort that extends past the period described above. The Commissioner will assess options and timelines for progress and believes that ongoing communication with RAs about the approaches they are taking to implement the recommendations is essential.

The Commissioner intends to hold meetings with the RAs with regard to implementation of the recommendations. This will provide an opportunity for the RAs to describe what they are doing and by when. One year after the publication of this report, the Commissioner will publish a report outlining the progress made by the different RAs in implementing the recommendations, and what implications this has for the sector.

The Commissioner will maintain a Register of Recommendations in line with Schedule 2 (4)(5) of the 2011 Act. This Register will detail the recommendations, the action taken so far, and the results.

⁴¹ Given that this report is published in June, the Commissioner considers it reasonable to discount the 2 week July holiday period from this timeframe.

Expected Impact of Recommendations

Recommendation Theme	Expected Outcome	Impact of Recommendation Implemented	Relevant Authority
1. Safeguarding and Human Rights Recommendations (Section 4.1 of report)	<p>Homes and Relevant Authorities will have more clarity about what incidents should be classified, reported and investigated as safeguarding incidents.</p> <p>The duties and powers of all statutory, community and voluntary sector representatives involved in the process are clearly defined.</p> <p>All staff in care settings, commissioning and in the inspection process have an increased ability to apply knowledge of Human Rights law to their work.</p> <p>Human Rights considerations are embedded in the registration and inspection process from the earliest stages, enabling residents' Human Rights to be more effectively protected.</p> <p>Additional clarity about the circumstances about when CCTV can be used in a Care Home.</p>	<p>Older people in Northern Ireland would enjoy the same rights and protections as counterparts in Great Britain in relation to Safeguarding law.</p> <p>More certainty in the system with standard requirements on Homes to report to Trusts when there is reasonable cause to suspect there is an adult in need of protection.</p> <p>Human Rights will be embedded in the training for staff in the Home.</p> <p>The work of inspectors both before and after the registration of a Home focuses on Human Rights considerations.</p> <p>Consistent approach to the use of CCTV in nursing homes</p>	Department of Health, RQIA, Runwood Homes
2. Care and Treatment Recommendations (4.2)	<p>Families are better informed of what Care Homes are doing to protect their relatives. They will also have more information on what to do and who to speak to if there are incidences of poor care.</p> <p>Residents and their families are able to make well-informed choices about where their relative should be placed, which are better supported by care professionals.</p> <p>Care becomes more personalised as families are more closely involved in the development of Care Plans.</p> <p>Standards of Care are more closely monitored by Trusts, with this monitoring better informed by the opinions of family.</p>	<p>Improved access to information and guidance for families who have to choose a Care Home for their relative.</p> <p>Families share knowledge about what is being done to care for their relative.</p>	RQIA, HSCT's, Runwood Homes

Recommendation Theme	Expected Outcome	Impact of Recommendation Implemented	Relevant Authority
3. Medicines Management Recommendations (4.3)	<p>There are reduced levels of medication errors in Care Homes.</p> <p>Families are more involved in the provision of medicine to their relatives, and more aware of what medications are being given.</p> <p>Better training of staff and better recording of what medicines are being administered to residents' means that staff will be better equipped to identify problems with medicines management at an early stage.</p> <p>Ongoing and reported medication errors, not just problems uncovered at the time of an inspection, will be used to inform the overall picture of how a Home is doing.</p>	<p>Reduction in major medicines errors leading to better managements of behaviours that challenge, and treatment of co-morbidities.</p> <p>Increased likelihood of trends of medicine mismanagement being noticed and addressed.</p>	Runwood Homes, RQIA
4. Environment and Environmental Cleanliness Recommendations (4.4)	<p>Newly built care homes will be of suitable design for those with dementia.</p> <p>Estates and Design will become a larger part of the present process of Inspections.</p> <p>Investigating the state of Residents' rooms, an area where there were many problems at Dunmurry Manor, will become a regular part of inspections.</p> <p>Standards of cleanliness will be more rigorous.</p> <p>Breaches of key environmental indicators will trigger investigation from an earlier stage.</p> <p>Active consideration of Dignity and Respect will form a key part of inspections.</p>	<p>Residents will benefit from improved living conditions arising from improved design and layout.</p> <p>Aspects of design and estates will only be part of inspections when there are major problems.</p> <p>Significant lapses in what should be essential levels of good hygiene, especially in residents' own rooms will be less likely.</p>	Department of Health, RQIA, Dunmurry Manor, Runwood Homes,

Recommendation Theme	Expected Outcome	Impact of Recommendation Implemented	Relevant Authority
5. Regulation and Inspection Recommendations (4.5)	<p>A Performance Rating system will make it clearer to the public how Homes are performing, and provide a further incentive for Homes to improve.</p> <p>A system of Financial Penalties will act as a deterrent to providing poor care, and demonstrate that such provision will be penalised meaningfully.</p> <p>Families will have more clarity about the role of the RQIA and have the option of making complaints to them, resolving many of the issues raised in interviews.</p>	<p>It will be much simpler and easier for families to judge the performance of different Care Homes and make comparisons of multiple homes in locations.</p> <p>This will provide a further mechanism with which to enforce improvements by providers.</p> <p>Complaints information will be used to enable the monitoring of trends of problems, and earlier targeted action to address them.</p>	RQIA, Department of Health
6. Staff Recommendations (4.6)	<p>Homes will have sufficient levels of staff for residents with high needs. Homes have more clarity on the staffing levels they need.</p> <p>Levels of staff retention will be a standard trigger for further investigation. The levels of Agency staff will also be a flag to Inspectors. In Dunmurry Manor problems with staffing caused many impediments to delivering high quality care, so this being a warning sign will mean a failing Home is potentially flagged up for detailed investigation earlier.</p> <p>Staff are more supported and encouraged to give information to inspectors.</p>	<p>Adequate ratio of staff with the right skill sets to meet the assessed needs of the residents.</p> <p>Better retention of permanent staff leading to reduced reliance on agency nurses.</p> <p>Homes will have a clear incentive to ensure the correct staff levels are in place and reduce staff turnover.</p>	RQIA, Department of Health, Royal College of Nursing, Chief Nursing Officer,
7. Management and Leadership Recommendations (4.7)	<p>Frequent changes of Manager should act as a trigger for the inspection of a home.</p> <p>Incidents of inappropriate behaviour by managers more likely to be investigated which will encourage a more open culture.</p> <p>Concerns that are being stymied by the Home could be easily escalated to an external body giving staff more options to have their concerns addressed and resolved.</p>	<p>More stable retention of registered managers providing continuity of leadership.</p>	RQIA, HSCT's,

Recommendation Theme	Expected Outcome	Impact of Recommendation Implemented	Relevant Authority
8. Complaints and Communication Recommendations (4.8)	<p>Complaints will be centrally collated, enabling all relevant authorities to gain a clearer picture of what really is happening in a Home.</p> <p>Families and other interested parties (including those wishing to place a resident) will be able to more readily access information on the level of complaints made about a home.</p> <p>There will be a more open culture that prioritises improvement, with the introduction of measures like the duty of candour.</p> <p>Feedback does not have to be in the form of a complaint to trigger an investigation. The views of families who may be reluctant to make a complaint will still be reviewed in a similar way to a formal complaint and appropriate action taken.</p>	<p>Complaints and resolution will be shared across authorities with responsibility for the care and treatment of residents.</p> <p>Families supported in seeking to progress a complaint.</p> <p>Increase transparency with the public on the management and resolution of complaints.</p> <p>Increased imperative on providers to address complaints early and more effectively.</p> <p>A lack of feedback on complaints will be used as intelligence for those monitoring or regulating nursing homes, aiding the early identification and resolution of concerns.</p>	Dunmurry Manor, Runwood Homes, Department of Health, RQIA,
9. Accountability and Governance Recommendations (4.9)	<p>When there are failures in care, each of the Relevant Authorities will be clear about their role, and will have access to the information they need.</p> <p>Appropriate and speedy escalation of concerns will elicit action from senior officials and drive requirement to improve performance in the independent sector.</p> <p>The culture of the system is more open to highlighting instances of poor care at an earlier stage than was seen in this investigation, and to innovating.</p>	<p>Clear, consistent and speedy reaction from the relevant authorities will drive improvement in the care and treatment of residents.</p> <p>A culture of poor performance and frequent failure to comply with minimum standards will no longer be tolerated or permitted to continue for extensive periods of time.</p>	RQIA, Department of Health, HSCT's.

Annex I

Legal Powers

The Commissioner for Older People Northern Ireland was established in 2011 under the Commissioner for Older People (Northern Ireland) Act 2011 and was granted a range of powers and duties to promote and safeguard the rights and interests of older people.

Since being established the Commissioner has published a range of statutory advice to government seeking to improve outcomes for older people in health and social care, crime detection and prosecution, employment, safeguarding older people from abuse and changing the culture of care.

The legal casework undertaken by the Commissioner has relied largely on the less formal powers of advocacy and alternative dispute resolution, although the Commissioner has powers to litigate on behalf of an older person or to provide resources to support an older person to litigate.

The investigation into Dunmurry Manor Care Home (Dunmurry Manor) was commenced using the non-formal investigatory powers outlined in Schedule 2 of the COPNI Act 2011 which provides that it must be conducted in private.

Until February 2017, the Commissioner had not exercised the Schedule 2 powers of the COPNI Act 2011, which allow, at the Commissioner's discretion, for a statutory investigation into specific matters affecting older people. The Commissioner's

Investigatory powers fall into two different categories;

- Formal investigatory powers
- Non-formal investigatory powers

The investigation into Dunmurry Manor was commenced using the non-formal investigatory powers outlined in Schedule 2 of the COPNI Act 2011.

Background and Chronology of Events

Dunmurry Manor Care Home (Dunmurry Manor) is a 76-bed residential and nursing home located at Seymour Hill, Dunmurry, Belfast, owned and operated by Runwood Homes. It is located within the catchment area of the South Eastern Health and Social Care Trust (South Eastern HSC Trust). However, in total, four of the five Health and Social Care Trusts in Northern Ireland have placed older people in Dunmurry Manor.

Dunmurry Manor is registered as a home that specialises in dementia care. The newly built home opened in 2014 providing modern resident accommodation. In November 2016, the Regulation and Quality and Improvement Authority (RQIA) issued three Notices of Failure to Comply with the Regulations for Nursing Care, signaling that the home was not meeting the minimum nursing home care standards.⁴²

In December 2016, two families requested assistance from the Commissioner's legal team in relation to concerns and complaints they had made about their relatives' treatment in Dunmurry Manor. Both cases

involved alleged failures of care and treatment of the older person as well as poor management action and reaction when complaints were made.

In the same month the Commissioner was contacted by two former members of nursing and care staff in Dunmurry Manor. In each case the whistleblowers alleged unsafe and poor nursing and care practice. In one case the whistleblower alleged that a twelve page letter of concerns about Dunmurry Manor had been sent to a named inspector in the RQIA. The whistleblower expressed surprise to have had no response to the letter. When this was raised with RQIA, it reported that it had not received the letter.

In late December 2016, the Commissioner was invited to a public meeting convened by Community Restorative Justice Northern Ireland, a community organisation, to discuss concerns about the alleged failures of care at Dunmurry Manor and more widely in other nursing homes in the area. The meeting was attended by the Chief Executive and Head of Legal and Policy Advice on behalf of the Commissioner. A senior official of the South Eastern HSC Trust and other HSC Trust's staff members were also in attendance along with representatives from the Health and Social Care Board, representing the Northern Ireland Adult Safeguarding Partnership (NIASP).

The meeting was well attended by family members of residents and patients from a number of nursing homes in the Dunmurry area. Many family members told of their relatives' experiences,

some of which alleged significant and serious poor practice.

The Commissioner and Chief Executive sought assurances from the RQIA and the South Eastern HSC Trust that enhanced monitoring would be in place over the holiday period to provide additional support for residents and staff. The Commissioner and Chief Executive also met with a representative of the then Minister for Health in order to raise concerns about the ongoing situation in the home and to inform the Minister that the Commissioner was considering undertaking a statutory investigation.

When the three Failure to Comply Notices were not lifted at the end of January 2017 the 90-day period which the RQIA affords for sufficient improvements to be made, the Commissioner determined that it was necessary to carry out a statutory investigation into Dunmurry Manor and issued notices to the RAs on 15 February 2017. The purpose of the investigation was to examine the actions of the RAs in this case who have responsibility for ensuring the safe and effective care of residents in Dunmurry Manor and to establish the effectiveness and fitness for purpose of the legislation, policy and practice in place to ensure that care is fully compliant with the minimum standards for nursing care in Northern Ireland.

A summarised chronology of events and issues since the home opened in July 2014 until March 2017 is outlined in Appendix 4 of this report.

⁴² The Nursing Homes Regulations (Northern Ireland) 2005 <http://www.legislation.gov.uk/nisr/2005/160/made>

Terms of Reference

A copy of the Terms of Reference for the investigation can be found at Appendix 1 of this Report.

In short, the purpose of the investigation was to gather evidence from older people's families, carers, staff working in the home (current and former), employees and appropriate staff from each of the RAs on their experience of the care and treatment received and the service provided at Dunmurry Manor.

The Commissioner was particularly interested in following the chronology of inspections by the regulator and the actions of the HSC Trusts and comparing those to the experiences reported by families of the care given to older people across the same timeframe.

Governance and Funding

The Commissioner is an arm's length body of government, sponsored by the Department for Communities (DfC). The Commissioner was not sufficiently funded to commence an investigation in the 4th quarter of 2016/17, and sought additional funds to undertake the investigation into Dunmurry Manor. The DfC provided additional funding throughout the investigation and was provided with regular updates on the progress of the investigation and the expenditure incurred. The DfC was not privy to evidence relating to the investigation but was kept informed of the progress of each phase. An observer from the DfC attends meetings of the Commissioner's ARAC (Audit and Risk Assurance Committee) where they are kept informed of and provide advice regarding the management of risks pertaining to the investigation.

Management of the Investigation Risk Register and reporting to ARAC

The inaugural use of the Commissioner's investigatory powers was considered sufficiently innovative and potentially contentious to be recorded, managed and reported to the ARAC through the Commissioner's Corporate Risk Register. Additionally, the operational risks of the investigation were managed through the project management process in a detailed and frequently revised operational Risk Register. The Commissioner and Senior Management considered and approved changes to the Risk Register at monthly meetings and on a quarterly basis sought the advice and guidance of the ARAC in the assessment, analysis and treatment of the risks therein.

In keeping with the requirement of the COPNI Act 2011 that the investigation must be conducted in private, members of ARAC were provided with updated versions of the Risk Register and changes were discussed at meetings. However, the papers were not circulated in advance nor were members permitted to retain the papers after the meetings.

The categories of risk expressed in the operational Risk Register included:

- Consequences of a failure to undertake the investigation
- Process failures in the exercise of investigatory powers
- Impact of the investigation on operational activity
- Stakeholder expectations
- Resilience and capacity of the Commissioner's investigation team

- Potential of adverse impact on ongoing Police Service of Northern Ireland (PSNI) investigations
- Maintaining privacy of the investigation including media attention
- Legal challenges by RAs to the use of investigatory powers
- Management of the budget and expenditure
- Security (physical/data/documents)

The operational risk register set out the Commissioner's approach to the investigation including the risk appetite, treatment of risks and the frequency of review.

Methodology

The COPNI Act 2011 at Schedule 2(2)-(4) sets out the legal framework under which the investigation was conducted. The investigation phases are summarised below:

Project Phases

Phase 1	Scoping
Phase 2	Setting Up investigation
Phase 3	Evidence Gathering Interviews Documentation requests
Phase 4	Consideration and Analysis of disclosed Information Triangulation of Evidence
Phase 5	Collation of Draft Findings Notification of draft findings to Relevant Authorities
Phase 6	Representations Process including the opportunity to cross-examine evidence
Phase 7	Drafting of report of investigation
Phase 8	Publication of investigation Findings and Recommendations
Phase 9	Post Project Evaluation

In preparation for a potential future use of the investigatory powers, six members of the Commissioner's team undertook BTEC Level 7 training in Advanced Investigative Practice, in 2016. This qualification included modules and assessments in a number of key areas including:

- Case Analysis
- Data Protection
- Cross Examination

- Investigative Interviewing
- Statement Report Writing
- Giving Evidence

The Investigatory process sought evidence in a range of formats:

- Documentation requested from each of the RAs
- Witness evidence from staff and former staff of Dunmurry Manor, families of residents and staff working within the RAs
- Some witnesses who did not wish to attend for interview provided comments via email and 27 individuals gave comments via phone. These witnesses were a mix of former staff of Dunmurry Manor and families of residents.

Evidence Gathering

At the outset, Runwood Homes Limited (Runwood) was asked to provide a range of contact information in order for the Commissioner to commence evidence gathering as part of the investigation. This information was requested under the Commissioner's legal powers and included the names and contact details of:

- Next of kin of current residents
- Next of kin of previous residents, including those who moved out and those who died
- Current and previous members of staff, including those from agencies
- Carers and volunteers who visited or provided support in Dunmurry Manor
- GPs and allied health professionals who attended residents at Dunmurry Manor

The Commissioner faced a range of challenges in obtaining this information from Dunmurry Manor. Much of the information received was incorrect or incomplete. Accurate and full information was essential if the Commissioner was to ensure that all families of residents and all staff were informed of the investigation and given an opportunity to express their views and bring forward any evidence.

There was a significant proportion of time spent by the Commissioner's staff clarifying inaccuracies and making further enquiries at the start of the

investigation which led to a delay in the commencement of evidence gathering.

Throughout the course of the investigation the Commissioner was unable to have complete confidence that all next of kin and former staff were advised of the opportunity to come forward and contribute to the investigation. Posters were placed around Dunmurry Manor in an attempt to reach as many people as possible but obviously this would not have assisted in reaching those who were no longer involved with the home.

Information Requested and Received

R.A.	Information Requested and Received
DoH	Regional safeguarding and whistleblowing policies, the nursing home regulations and standards, correspondence from the South Eastern HSC Trust in relation to concerns raised at Dunmurry Manor. Information received within the timeframe requested.
RQIA	Correspondence relevant to the pre-registration stage of Dunmurry Manor, internal and external meetings about Dunmurry Manor, internal records and emails concerning Dunmurry Manor, incidents/complaints about Dunmurry Manor, and contemporaneous notes from inspections. Delayed by two months beyond timeframe requested; multiple additional assurances sought regarding data protection. Eight boxes of information provided in June 2017.
Dunmurry Manor / Runwood	Staff rotas and training records; Care Plans for selected residents, personnel files for staff, minutes and agendas from Residents'/Relatives meetings, staff meetings and Safeguarding meetings with Trusts; information received about complaints, concerns and incidents, and agendas of all meetings with the Trusts and the RQIA. Dunmurry Manor/Runwood acted through their legal team throughout the investigation; much time and correspondence was exchanged with limited information provided. No information was provided within the timeframe requested. After follow-up correspondence, documentation was provided in five different bundles between the end of June 2017 and the end of 2017.
SEHSCT ⁴³	Information requested was all provided two weeks after the deadline given. Additional assurances sought re data protection and a number of items were requested as the investigation progressed.
BHSCT ⁴⁴	All information provided and within the timeframe requested.
NHSCT ⁴⁵	All information provided and within the timeframe requested.
SHSCT ⁴⁶	All information provided with a slight delay from the timeframe requested.

⁴³ SEHSCT –South Eastern Health and Social Care Trust.
⁴⁴ BHSCT – Belfast Health and Social Care Trust.
⁴⁵ NHSCT – Northern Health and Social Care Trust.
⁴⁶ SHSCT – Southern Health and Social Care Trust.

Additional Material

Four individuals who were interviewed supplied additional material to the investigation including emails, minutes of relevant meetings, policies and procedures, and a covert video recording taken from within Dunmurry Manor.

Witness Evidence

119 full interviews were conducted, mostly between February 2017 and July 2017. A small number (five) of the interviews were conducted in September, October and November 2017. The table summarises the number of interviews by witness category for the 119 interviewees relating to Dunmurry Manor:

Witness Category	Number
Agency Staff	11
Department of Health	2
Current Dunmurry Manor staff	12
Former Dunmurry Manor staff	14
Families of current residents	16
Families of deceased residents	19
RQIA	18
Belfast HSC Trust	1
Northern HSC Trust	3
South Eastern HSC Trust	22
Southern HSC Trust	1

* NB: *Witness Category* - refers to *Interviewee status at time of interview and may have changed since*.

Most interviews were conducted in two hour time slots, usually at the Commissioner's office in Belfast. In a small number of cases interviews

took place elsewhere, such as in interviewees' homes, in the event that it was not practical for the witness to attend the Commissioner's office.

Questionnaires based on a number of common themes were produced varying slightly depending on the different category of witness. In addition, each interviewee was given the chance at the end of the interview to state anything else they felt was relevant to the investigation or that they wished to comment on. In closing the interview, each witness was also offered the opportunity to make contact with the Commissioner's office if there was anything further of which they wanted to make the Commissioner aware.

Interviewees were provided with an information sheet about the investigation prior to the interview and again at the commencement of the interview.⁴⁷ In addition the Commissioner's investigating officers asked each witness to sign a consent form. Interviewees also gave their verbal consent to an audio recording being made of the interview for the purposes of assisting with typing and generation of an accurate written record. A small number of interviews were conducted by phone where relatives or other witnesses were not based in Northern Ireland.

All notes and recordings were stored in a secure location of the Commissioner's network system (accessible by only the investigation team) in line with the Information Management and Data Protection Process and Procedures.

⁴⁷ In a small number of cases some witnesses declined to sign the consent form and one declined to have the interview recorded.

Appendix 1: Glossary Of Terms

Accountability: The state of being answerable for one's decisions and actions. Accountability cannot be delegated.

Adverse incident: Any event or circumstance that could have or did lead to harm, loss, or damage to people, property, environment or reputation.

Advocacy: Advocacy supports and enables people who have difficulty representing their interests to express their views, explore and make informed choices and obtain the support they need to secure and uphold their rights. Advocacy is a fundamental element of equality, social justice and human rights.

Audit: The process of measuring the quality of services against explicit standards.

Bed-bound: Someone who is confined to bed, unable to be assisted to get up and someone who will frequently need assistance to be repositioned to avoid pressure ulcers.

Care home: A home for people with additional care and support needs, often described as a 'residential' or 'nursing' care home to specify the level of care provided. A residential care home will provide a room, shared living environment, meals and personal care and assistance (such as help with washing and eating). A nursing care home will provide similar support but will also employ registered nurses who can provide nursing care for people with more complex health needs.

Care manager: The person responsible for ensuring completion of the assessment of need, developing and co-ordinating the

service user's care plan, for monitoring its progress and for staying in regular contact with the service user and everyone involved.

Care plan: The outcome of an assessment. A description of what an individual needs and how these needs will be met.

Care staff: Social care workers that are employed to assist and enable older people living in care homes through the delivery of personal care and support in their daily lives.

Care Standards: Set of standards published by the Department of Health for a variety of Health and Social Care settings, including Nursing and Residential Care Homes. Intended to be *"used by providers to set a benchmark of quality care and also by the RQIA in registering and inspecting nursing home services."*⁴⁸

Compliance: Conforming with regulations or standards which have been set.

DoH / DHSSPS: Department of Health, formerly the Department of Health, Social Services and Public Safety.

Dunmurry Manor Care Home (Dunmurry Manor): A 76 bed residential and nursing home located in Dunmurry, Belfast, owned and operated by Runwood Homes. Specialising in dementia care, the home opened in 2014.

EMI (Elderly Mentally Infirm – now referred to as dementia). Dementia / EMI care homes are established to specifically care for older people who have mental health needs, such as dementia.

Enforcement: Enforcement action is an essential element of the responsibilities

of RQIA and acts as a deterrent. Enforcement action is when a step is taken to encourage improvement and ensure compliance with regulations and minimum standards.

Governance: The system by which an organisation directs and controls its functions and relates to its stakeholders.

Hospital discharge: The process of leaving hospital after admission as an in-patient.

Health and Social Care Trust (HSC Trust): There are 6 HSC Trusts, one of which is the Northern Ireland Ambulance Service Trust. The other 5 (Belfast, South Eastern, Northern, Southern and Western) have responsibility for providing integrated health and social care services, including the provision of social care (much of this through placements in the Independent Sector). The Trusts have statutory obligations to establish arrangements for monitoring the quality of care being provided.

Needs assessment: A process whereby the needs of an individual are identified and their impact on daily living and quality of life, is evaluated, undertaken with the individual, his/her carer and relevant professionals. Also sometimes referred to as a care assessment.

Notice of Decision: Following the issue of a notice of proposal that has not been disputed by the provider, and where the service/provider has not yet achieved compliance with regulations, RQIA will issue a notice of decision to place conditions of registration on the service/provider. In this case the provider has right to make an appeal to the Care Tribunal within 28 days concerning any matter of dispute. Should no appeal be made, and where the provider has not achieved compliance with regulations, conditions of registration will be placed

on the registration of the service/provider. During this period RQIA will continue to make an assessment of the provider's compliance with regulations and may lift the notice of decision if the provider has demonstrated sustained compliance/improvement in the service. It should be noted that while enforcement action is underway, RQIA may increase the level of inspection and monitoring at the service to ensure the safety and wellbeing of those using the service.

Notice of Failure to Comply with Regulations / Failure to comply notice: These are issued where RQIA has identified a serious or repeated breach in regulations. A formal notice is issued and compliance required within a stated timeframe, determined by the urgency of the matter (this can be no longer than 90 days). The provider can make written representation to RQIA within 28 days of issue on any point of law or fact regarding the notice. Where compliance is not achieved, further enforcement action may take place.

Notice of Proposal to Cancel, Refuse, Vary, Remove or Impose Conditions on Registration: Where a provider has significantly breached regulations or failed to address the improvements required within a notice of failure to comply with regulations, RQIA may move to propose to place conditions on the registration of the service/provider. The provider has right to make written representation to RQIA for a 28 day period concerning any matter of dispute. During this period RQIA will continue to make an assessment of the provider's compliance with regulations and may lift the notice of proposal if the provider has demonstrated sustained compliance/improvement in the service.

⁴⁸ DOH, 'Care Standards for Nursing Homes', p.4.

Patient records: The record of all aspects of the patient's treatment, otherwise known as the patients notes.

Police Service of Northern Ireland (PSNI): One of the lead agencies with responsibility for adult protection when there is an adult at risk of harm or in need of protection, and lead agency for the investigation of criminal investigation elements within these incidents. Protocol for Joint Investigation guides work with other relevant bodies on these types of cases.⁴⁹

Prevention: An inclusive term that describes preventative interventions that can sustain and maintain people's health, wellbeing and independence.

Registered manager: The person in day to day charge of the service. The registered manager must have appropriate qualifications and experience.

Registered person/registered provider: A person deemed qualified to provide the service whose name appears on the certificate of registration. The registered person has overall responsibility for ensuring that the requirements of regulations and the associated standards are met. A company, committee or other group may be the registered person.

Representative: A person acting on behalf of a service user, who may be a carer, relative, or friend, or a formally recognised advocate.

Risk Assessment: The identification and analysis of risks relevant to the achievement of objectives.

Risk Management: The culture, processes and structures that are directed towards the effective management of potential opportunities and adverse effects.

RQIA: Regulation and Quality Improvement Authority

Runwood Homes Ltd: Runwood Homes Ltd is a private limited company, operating previously in England and Wales prior to opening operations in Northern Ireland. It was incorporated on the 30th July 1962, and has its registered office at Runwood House, 107 London Road, Hadleigh, Essex, SS7 2QL. The principal activity of the group is to provide high quality residential and day care services for older peoples' needs and those living with dementia or having a requirement for nursing care. The company operates 10 Residential and Nursing Homes in Northern Ireland ranging in size from 52-100 beds each, including Dunmurry Manor.

Serious Adverse Incidents: Serious injury to, or the unexpected/unexplained death, unexpected serious risk to a service user, unexpected or significant threat to service, serious assault (including homicide and sexual assaults) by a service user – on other service users, – on staff or – on members of the public occurring within a healthcare facility

Service user: A person who is receiving or is eligible to receive social care services. They may be individuals staying in their own homes, living in residential care or nursing homes, or being cared for in hospital.

⁴⁹ <https://www.psni.police.uk/globalassets/advice--information/our-publications/policies-and-service-procedures/adult-safeguarding-290617.pdf>

Appendix 2: Notice to Relevant Authorities and interested parties of Commissioner's intention to conduct an investigation

Relevant authorities under investigation

To: Dunmurry Manor Care Home; Runwood Homes Limited;
Department of Health;
Regulation and Quality Improvement Authority;
South Eastern Health and Social Care Trust;
Belfast Health and Social Care Trust;
Northern Health and Social Care Trust;
Southern Health and Social Care Trust;

Interested parties

C.C. Police Service of Northern Ireland;
Royal College of Nursing;
Nursing and Midwifery Council;
Northern Ireland Social Care Council;
Patient and Client Council.

Proceeding under sections 4(3) and 4(4) of the Commissioner for Older People (Northern Ireland) Act 2011 (the "Act"), the Commissioner hereby puts you on notice of his intention to investigate the adequacy and effectiveness of law and practice relating to the interests of older people and the adequacy and effectiveness of services provided for older people by relevant authorities in respect of the care and treatment received and services provided at Dunmurry Manor Care Home under s.3(2), s.3(3) and Schedule 2 of the Act.

Terms of Reference

I have attached a copy of the Terms of Reference of the investigation for your information. If you wish to comment in relation to these please provide this to me on or before Friday 24th February 2017 (7 working days from date of Notice).

Evidence and Documentation

Please ensure that all relevant information and documentation held by you pertaining to Dunmurry Manor Care Home is secure and preserved for the duration of this investigation. I confirm that you will be formally contacted in relation to specific information, documentation and witness evidence that you will be required to provide.

I have appointed a number of experts to assist and advise me in this investigation. Evidence will be sought from current and previous residents, families, carers and staff members (present and past) of Dunmurry Manor Care Home. Evidence will also be invited from other allied health professionals associated with Dunmurry Manor Care Home and any other person who is interested in providing feedback on their experience of the care home.

The investigation shall commence on 15th February 2017 and shall take place in private. Relevant authorities under investigation will be given an opportunity to give oral or other evidence and will be provided with a draft report before publication of findings.



Eddie Lynch
Commissioner for Older People for Northern Ireland
14.02.2017

Terms of Reference for Investigation

Dunmurry Manor Care Home

An investigation into the care, treatment and experience of older people⁵⁰ living in Dunmurry Manor Care Home covering events leading up to the home's opening in 2014 until the end of the investigation (known as the "Review Period").

Proceeding under sections 4(3) and 4(4) of the Commissioner for Older People (Northern Ireland) Act 2011, the Commissioner intends to exercise his functions to investigate the adequacy and effectiveness of law and practice relating to the interests of older people and the adequacy and effectiveness of services provided for older people by relevant authorities in respect of the care and treatment received and services provided at Dunmurry Manor Care Home under s.3(2), s.3(3) and Schedule 2 of the Commissioner for Older People Act (Northern Ireland) 2011.

Specifically, the Commissioner will:

1. Seek evidence from older people, their families, carers and employees (present and past) and volunteers of their experience of the care and treatment received and the service provided at

Dunmurry Manor Care Home by relevant external parties (known as "Relevant Authorities"⁵¹)

2. Examine the circumstances and events (including evidence, allegations and /or disclosures (both anonymous and attributable)) including those made to Relevant Authorities and to the Commissioner in respect of the following areas:
 - a. Due diligence completed by all relevant authorities prior to the opening of Dunmurry Manor Care Home and the commissioning of services by Relevant Authorities.
 - b. Care planning – to include the assessment of health and social care needs, and the planning, delivery and evaluation of nursing care needs.
 - c. The reporting and investigation of Adverse Incidents, Serious Adverse Incidents and safeguarding concerns including those which resulted in safeguarding cases and / or investigations under

⁵⁰ Older people (aged 60 yrs or over) residing in Dunmurry Manor Care Home includes both residential and nursing patients.

⁵¹ Regulation and Quality Improvement Authority ("RQIA"), Dunmurry Manor Care Home ("Dunmurry Manor Care Home"), Runwood Homes Limited ("Runwood"), South Eastern Health and Social Care Trust ("SEHSCT"), Belfast Health and Social Care Trust ("BHSCT"), Northern Health and Social Care Trust ("NHSCT"), Southern Health and Social Care Trust ("SHSCT") and the Department of Health ("DOH") (together known as the ("External Parties")).

the joint protocol between the Northern Ireland Health and Social Care Trusts and the Police Service for Northern Ireland.

the impact of these on the experience of older people resident in Dunmurry Manor Care Home.

- d. Assessment of whistleblowing concerns and/or occurrences received, reported and/or brought to the attention of any of the Relevant Authorities.

e. Assessment of the number of complaints (verbal and written and whether expressed formally or informally) made to any of the Relevant Authorities and the management of these complaints.⁵²

f. Assessment of all the inspection actions taken and enforcement actions taken by any and all Relevant Authorities.

g. Assessment of recruitment, retention and ongoing training and development of staff in Dunmurry Manor Care Home.

h. Assessment of the leadership and management practices of all Relevant Authorities and
3. In respect of 2 above to highlight evidence of good practice, gaps and / or deficiencies in the actions / responses taken by any of the Relevant Authorities as well as any other body, person or organisation⁵³ which was notified or involved in any of the areas highlighted and associated learning from these events.

4. In the context of 1,2 and 3 above, consider and make recommendations as to whether the current legislation, policy and practice of nursing homes in Northern Ireland is effective in adequately safeguarding older people.

Inspection findings and required action

The Commissioner will publish recommendations that the Relevant Authorities and other public bodies subject to the investigation will be given an opportunity to comment upon.

⁵² Complaints may be received from older people residing at Dunmurry Manor Care Home; families of older people residing in Dunmurry Manor Care Home; carers of older people residing in Dunmurry Manor Care Home; staff (both present and past and whether agency or employed) from Dunmurry Manor Care Home; allied health professionals who attended at Dunmurry Manor Care Home or who were associated with Dunmurry Manor Care Home and any other person or body who was associated with Dunmurry Manor Care Home during the Review Period.

⁵³ For the avoidance of doubt this will include, but not be limited to, General Practitioners / Doctors, the Royal College of GPs, Royal College of Nursing, the Nursing and Midwifery Council, the Northern Ireland Social Care Council, the Patient and Client Council and the Police Service of Northern Ireland.

Appendix 3:

Human Rights:

CSSIW’s commitment to promoting and upholding the rights of people who use care and support services

As a regulator, CSSIW’s primary responsibility is to ensure that the law in relation to the running of care services is upheld. The laws governing care services is primarily reflected through “regulations” and these have been carefully developed to incorporate human rights principles and legal requirements. The legal framework governing care anticipates and reflects people’s rights. Therefore by assessing registrations, undertaking inspections and pursuing compliance with “regulations” CSSIW actively promotes and seeks to uphold people’s legal human rights.

CSSIW also recognises that human rights legislation and practice is constantly evolving, moving beyond the point when regulations may have been made and that this needs to be reflected in the way we undertake our work. We have therefore developed inspection frameworks with guidance for our inspectors to place additional emphasis on the relevance and importance of human rights within our work.

In particular CSSIW has identified key lines of enquiry within its inspection framework to consider human rights principles and has set out examples of what is unacceptable care and considered to be a breach of people’s rights and a breach of care regulations.

Where care is unacceptable CSSIW will always take enforcement action.

The basic framework of human rights

The concept of a set of basic human rights is relatively simple one however human rights law and practice is complex and changing. Not all rights are absolute, some are limited and others qualified and should be applied proportionately.

In addition in the areas CSSIW regulates and inspects there has been the development of additional law, charters and conventions, for example in relation to people with diverse backgrounds, children, people with disabilities, people who lack mental capacity and older people. Many of these restate fundamental human rights as set out in the European Convention of Human Rights, providing additional interpretation or additional areas for consideration.

CSSIW has developed a new inspection framework for regulated services based upon the principles of the Social Services and Well-being Act and the legal definition of “well-being”. This definition includes the rights and protection of individuals. In future inspectors will undertake their inspections considering and reporting on four themes; People’s Wellbeing, Quality of Care, Quality of Leadership and Management and Quality of the Environment where services are “setting” based.

The basic rights most applicable to social care are in the European Convention are set out below, mapped with reference to our inspection framework for regulated services.

Article	Inspection theme and potential lines of enquiry
Article 2: Right to life	<p>Wellbeing:</p> <ul style="list-style-type: none">• Safe care• Adequate nutrition and hydration• Proper medical care• End of life planning and care <p>Quality of care:</p> <ul style="list-style-type: none">• End of life planning and care <p>Quality of leadership and management:</p> <ul style="list-style-type: none">• Steps taken to safeguard lives of people• Risk management; in all aspects but including infection control, behaviour management, management of self-harm.
Article 3: Not to be subjected to torture, inhuman or degrading treatment or punishment	<p>Quality of care:</p> <ul style="list-style-type: none">• Proper medical care; esp. pressure area care• Continence care• The use of restraint• Quality of staff interactions <p>Quality of leadership and management:</p> <ul style="list-style-type: none">• Culture of care• Response to complaints and whistleblowing• Safeguarding arrangements
Article 5: Right to liberty and security	<p>Quality of leadership and management:</p> <ul style="list-style-type: none">• Proper application of DoLS <p>Quality of environment:</p> <ul style="list-style-type: none">• Opportunities for freedom of movement and arrangements for security
Article 6: Right to a fair trial	<p>Quality of leadership and management:</p> <ul style="list-style-type: none">• Fair application of staff disciplinary processes• Fair handling of complaints about people using service• Availability of advocacy

Article	Inspection theme and potential lines of enquiry
Article 8: Right to private and family life	<p>Wellbeing:</p> <ul style="list-style-type: none">• People's ability to have choice and control; personal autonomy• Privacy when people need/ want it• People's ability to be independent and live as normal a life as possible• People's ability to maintain relationships and links with the community <p>Quality of care:</p> <ul style="list-style-type: none">• Experience of person centred and person directed care• Culture of enablement <p>Quality of leadership and management:</p> <ul style="list-style-type: none">• Confidentiality and handling of personal data
Article 9: Right to freedom of thought, conscience and religion	<p>Wellbeing:</p> <ul style="list-style-type: none">• People's ability to practice beliefs and follow religious practices
Article 14: Right of protection from discrimination	<p>Wellbeing:</p> <ul style="list-style-type: none">• People's experience of discrimination, feeling valued and respected.• Support for cultural needs, diet, language, activities <p>Quality of care:</p> <ul style="list-style-type: none">• Equality of access to care and support• Communication needs anticipated; language medium (Welsh and other languages) <p>Quality of leadership and management:</p> <ul style="list-style-type: none">• Culture which promotes diversity and is responsive to differing needs <p>Quality of environment:</p> <ul style="list-style-type: none">• Access and support arrangements

We have also set out what we believe are examples of good care as a result of people’s rights being respected. The list is not exhaustive, but is illustrative of some of the more common concerns which arise.

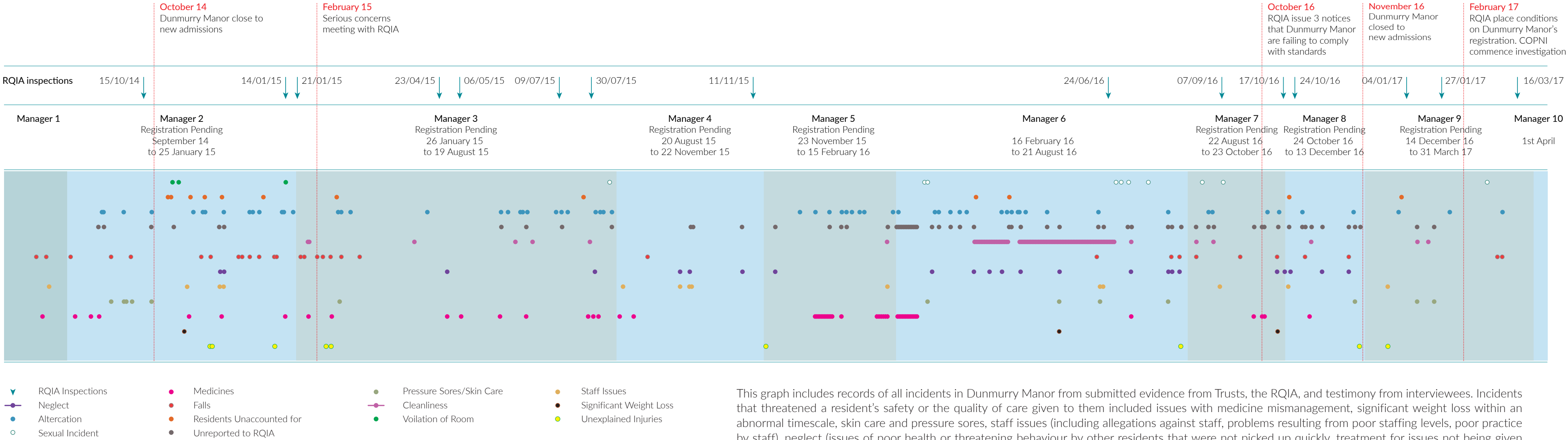
Article	Examples of unacceptable care	Examples of good care
Article 2: Right to life	<p>People suffering from malnutrition or dehydration</p> <p>People suffering serious harm or dying because of inadequate care or failure to manage risks</p> <p>People not being able to receive medical care when they need it</p>	<p>Supporting Wellbeing:</p> <p>People feeling and being safe and protected from harm or neglect.</p> <p>Quality of Care & Support Wellbeing:</p> <p>People enjoying appropriate, healthy and nutritious meals and drinks. Mealtimes are appropriately spaced and flexible to meet people’s needs.</p> <p>People supported to have enough to eat and drink.</p> <p>Quality of Care & Support:</p> <p>People being safe and as well as they can be because they receive proactive, preventative care and their wide range of needs are anticipated.</p> <p>Referrals made in a timely way to relevant health and social care professionals when people’s needs change.</p>
Article 3: Not to be subjected to torture, inhuman or degrading treatment or punishment	<p>People living in unnecessary pain</p> <p>People being shouted at, verbally abused or physically or sexually assaulted</p> <p>People being mocked or made the subject of jokes</p>	<p>Supporting Wellbeing:</p> <p>People being encouraged to speak, express themselves and if necessary having advocacy support, are enabled to make choices, are being treated with dignity and respect and having their individual identities and routines recognised and valued.</p> <p>People’s best interests being understood and promoted. People’s independence being maximised by positive risk taking.</p> <p>Quality of Care & Support:</p> <p>People treated with kindness and compassion in their day to day care.</p> <p>People are offered warmth, encouragement and emotional support</p>

Article	Examples of unacceptable care	Examples of good care
Article 5: Right to liberty and security	<p>People being restrained or locked in without proper authorisation</p> <p>People being sedated unnecessarily</p> <p>People's belongings being stolen or misused</p>	<p>Leadership & Management:</p> <p>DoLS is used appropriately.</p> <p>There are robust, transparent systems in place to assess the quality of the service in relation to outcomes for people which includes feedback from people using the service and their representatives.</p> <p>Environment:</p> <p>There are opportunities for freedom of movement and arrangements for security.</p> <p>People are cared for in safe, secure, warm and well maintained surroundings. The need for privacy and confidentiality is anticipated and respected</p>
Article 6: Right to a fair trial	<p>People being given notice without justification or a fair hearing</p>	<p>Leadership & Management:</p> <p>Complaints are handled fairly, people living and working in or visiting the home know how to raise concerns, are supported to do so and these are acted upon.</p>
Article 8: Right to private and family life	<p>Intimate personal care being given in public view</p> <p>People not being supported to be well groomed and presented</p> <p>People not being consulted about the care and support they receive</p> <p>People not being afforded privacy when they need or request it</p> <p>People being denied visitors unless there is a good reason</p> <p>People's confidential information and data being shared inappropriately</p>	<p>Supporting Wellbeing:</p> <p>People being encouraged to speak, express themselves and if necessary having advocacy support, are enabled to make choices, are being treated with dignity and respect and having their individual identities and routines recognised and valued.</p> <p>Quality of Care & Support:</p> <p>People are fully involved in making decisions about the service they receive and the way they spend their time.</p> <p>Leadership and management:</p> <p>Are able to demonstrate that they consistently act with due diligence and care, have clear delegation of responsibilities and effective administration systems</p>
Article 9: Right to freedom of thought, conscience and religion	<p>People being mocked or criticised for their religious beliefs</p> <p>People being appropriate opportunities to follow their faith</p> <p>People's being given food not in keeping with their faith traditions</p>	<p>Supporting Wellbeing:</p> <p>People being encouraged to speak, express themselves and if necessary having advocacy support, are enabled to make choices, are being treated with dignity and respect and having their individual identities and routines recognised and valued.</p> <p>People being enabled to do things for themselves, maintain, recover and develop their individual skills, interests and beliefs.</p>

Article	Examples of unacceptable care	Examples of good care
Article 14: Right of protection from discrimination	<p>People suffering discrimination to a point where proper care is denied or they receive unfair, unequal treatment.</p> <p>People being mocked or criticised for their cultural background, sexual orientation or disabilities.</p>	<p>Supporting Wellbeing:</p> <p>People being encouraged to speak, express themselves and if necessary having advocacy support, are enabled to make choices, are being treated with dignity and respect and having their individual identities and routines recognised and valued.</p>

Appendix 4

Chronology infographic for the period from the home opened in July 2014 until the tenth manager was appointed in March 2017 (one month after COPNI investigation commenced)



This graph includes records of all incidents in Dunmurry Manor from submitted evidence from Trusts, the RQIA, and testimony from interviewees. Incidents that threatened a resident's safety or the quality of care given to them included issues with medicine mismanagement, significant weight loss within an abnormal timescale, skin care and pressure sores, staff issues (including allegations against staff, problems resulting from poor staffing levels, poor practice by staff), neglect (issues of poor health or threatening behaviour by other residents that were not picked up quickly, treatment for issues not being given quickly enough), falls (residents suffering falls, unwitnessed falls, injuries from falls), cleanliness/essential equipment not working correctly or not being available, altercations (between residents, residents with staff or families), residents unaccounted for (residents exiting Dunmurry Manor without being stopped, Dunmurry Manor staff not being able to locate residents), unauthorised entries to rooms (concerns about residents entering other residents' rooms, sometimes being violent), unexplained injuries, sexual incidents (sexual assaults or incidents).



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Title:	Implementation of CCTV within Muckamore Abbey Hospital to Assist with Investigations related to Adult Safeguarding Issues		
Author(s)	Brendan Ingram, Business and Service Improvement Manager Barry Mills, Clinical and Therapeutic Services Manager Rhona Brennan, Senior Nurse Lead		
Ownership:	Marie Heaney, Adult Social and Primary Care Director		
Approval by:	Clinical and Social Care Governance Standards and Guidelines Committee Trust Policy Committee Executive team Meeting	Approval date:	14/11/2018 06/12/2018 12/12/2018
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Key words:	CCTV, Safeguarding, Vulnerable, Abuse, Data Protection		
Links to other policies	Data Protection, Safeguarding, Records Management Policy Access to Records, Retention and Disposal, Adverse Incident Policy, Disciplinary Policy, Whistle Blowing Policy, Complaints Policy, Grievance Procedure, Zero Tolerance Policy, General Data Protection Regulations – May 2018		

Date	Version	Author	Comments
24/09/2015	0.1	B Ingram B Mills R Brennan	Initial Draft
03/05/2016	0.2	B Ingram B Mills R Brennan	Amended after first round of consultations
11/08/2016	1	B Ingram B Mills R Brennan	Amended after second round of consultations
06/08/2018	2	B Ingram R McBride A Burgess	Reviewed as a result of CCTV being rolled out to Killead/Donegore Wards, Erne Ward Swimming Pool and Moyola Daycare

1.0 **INTRODUCTION / PURPOSE OF POLICY**

POLICY STATEMENT

This policy defines a structure to meet the legal requirements to operate CCTV within Muckamore Abbey Hospital and compliance with the Data Protection Act, and Information Commissioners Office - Code of Practice for CCTV. This Policy has been developed in line with human rights considerations. Where possible the least restrictive measures have been included which aim to take account of both the human rights of people with a learning disability, carers and staff. The introduction of CCTV within Muckamore Abbey Hospital has been limited to where there is an identified high level of need and where it is justified and proportionate to ensure patient, staff and visitor safety.

Of particular importance is Article 8 of the Human Rights Act 1998. Article 8 is the right to respect for private and family life, home and correspondence. This article protects the individual's right to privacy and prevents a public authority from intruding disproportionately into a person's life.

Also of equal consideration is Article 3, which is the right to be free from degrading and inhumane treatment. In terms of people with a learning disability, the CCTV will be located within communal and public areas within the wards, Moyola daycare and swimming pool such as main access corridors and lounge/day areas. The use of CCTV will be signposted in all areas to ensure its use is open, transparent and is not covert. This policy attempts to support both Article 3 and Article 8 in being the least restrictive options in relation to the use of CCTV in wards, Moyola daycare and swimming pool areas.

Implementation of and adherence to this policy will ensure that the Trust complies with current legislation and that staff are aware of:

- Who has the responsibility for managing CCTV schemes?
- How decisions are made regarding the need for a CCTV scheme.
- How CCTV schemes are monitored to ensure they adhere to national guidance.
- What standards need to be achieved to ensure schemes are valid

1.1 **Background**

Muckamore Abbey Hospital provides an assessment and treatment service for adults with a Learning Disability on a regional basis, which includes a regional low secure learning disability forensic service. Due to complex needs, challenging behaviours and associated mental health issues there is a high number of adult safeguarding referrals.

During the investigation process regarding Adults at risk or Harm or Adults in Need of Protection allegations it has proven difficult to establish clear and concise witness reports taken from the client group, many of whom have

communication difficulties and at the time of the incident may lack understanding to participate in an investigation. In many cases, staff witness reports have helped but the process has been slow and at times inconclusive.

All incidents which meet the appropriate criteria are referred to the P.S.N.I. The implementation of CCTV within the hospital wards, Moyola daycare and swimming pool which covers communal areas (excluding bathrooms and bedrooms) will enhance the investigation process and provide clearer evidence to the P.S.N.I. and the Learning Disability Adult Safeguarding Team thus allowing a much quicker and accurate response to any alleged incident. Its use will be open and transparent with notices displayed alerting all those in the vicinity to its presence. An easy read format is available in each facility for those with a learning disability. An Information leaflet regarding presence and use of CCTV will also be provided to families/relatives and carers.

Footage from the CCTV system will be used as part of the investigatory processes by the Adult Safeguarding team.

The installation of CCTV within Muckamore Abbey Hospital has come with the support of the P.S.N.I. P.P.U. and the Learning Disability Adult Safeguarding Team as well as the patients, staff and families/carers.

The introduction of CCTV within Muckamore Abbey Hospital is to support the effective investigation of Adults at risk or Harm or Adults in Need of Protection referrals, thereby enhancing the protection of those with a learning disability, staff and visitors.

1.2 Purpose

The main purpose of this policy is to ensure:

- To assistance with investigations related to Adult Safeguarding Issues
- That the use of Closed Circuit Television (CCTV) adheres to the principles of the Data Protection Act 1998, Human Rights Act 1998, Regulation of Investigatory Powers Acts 2000 and other relevant legislation.
- That any CCTV system is not abused or misused.
- That CCTV is correctly and efficiently installed and operated.

This policy should be read in conjunction with the following statement:

All Belfast Health and Social Care Trust employees have a statutory duty to safeguard and promote the welfare of vulnerable adults.

This includes:

- Being alert to the possibility of abuse and neglect of a patient through their observation of abuse, or by professional judgement made as a result of information gathered about the vulnerable adult.
- Knowing how to deal with a disclosure or allegation of adult abuse.

- Undertaking Adults at risk or Harm or Adults in Need of Protection training as appropriate for their role and keeping themselves updated in relation to Safeguarding.
- Being aware of and adhering to the local policies and procedures they need to follow if they have an Adults at risk or Harm or Adults in Need of Protection concern.
- Ensuring appropriate advice and support is accessed either from managers, Designated Adult Protection Officers or the Learning Disability Adult Safeguarding Team.
- Participating in multi-agency working to protect the vulnerable adult (if appropriate to role).
- Ensure contemporaneous records are kept at all times and record keeping is in strict adherence to Regional Safeguarding Policy and Belfast Health and Social Care Trust policy and procedures and professional regulators guidelines'. Roles, responsibilities and accountabilities, will differ depending on the post held within the organisation.

1.3 Objectives

This policy aims to ensure,

- That the use of Closed Circuit TV (CCTV) adheres to the principles of the Data Protection Act 1998, Human Rights Act 1998, Regulation of Investigatory Powers Acts 2000 and other relevant legislation.
- That any CCTV system is not misused or abused.
- That CCTV is correctly and efficiently installed and operated.
- That any CCTV system enhance the feelings of safety provided to those with a learning disability, staff and carers.

This policy should be read in conjunction with:-

- Data Protection Act Policy
- Information Governance Policy
- Information Commissioners Office CCTV Code of Practice
- Adults at risk or Harm or Adults in Need of Protection Records Management Policy
- Access to Records Policy
- Retention and Disposal Schedule
- Adverse Incident Policy
- Disciplinary Policy
- Whistle Blowing Policy
- Complaints Policy Grievance Procedure
- Zero Tolerance Policy

Throughout this policy it is intended, as far as is reasonably possible to balance the objectives of the CCTV System with the need to protect patients, staff and visitors rights. Every effort has been made throughout the policy to

indicate that a formal structure has been put in place including a complaints procedure, by which it can be identified that the system is not only accountable but is seen to be accountable.

2.0 SCOPE OF THE POLICY

- The policy applies to all employees of Belfast Health and Social Care Trust and other persons who may, from time to time, and for whatever purpose, be present on any of its premises.
- This policy is applicable to all staff working for, or with, Belfast Health and Social Care Trust who record, handle, store or view patient information. The direct management of CCTV cameras on Muckamore Abbey Hospital site will be the responsibility of,
 - Learning Disability Adult Safeguarding Team
 - The Hospital Senior Team including. Hospital Services Manager and Operations Managers
 - Medical Chair of Division and Clinical Director
 - Business and Service Improvement Manager
 - Co -Director- Learning Disability Services

The only other people who will have access to view or remove images from the CCTV system will be the PSNI where a decision has been reached that this is warranted in pursuit of an Adults at risk or Harm or Adults in Need of Protection Incident. Viewing of CCTV images may also be extended to appropriately appointed external individuals where there is an identified need for an SAI Review, or joint Adults at risk or Harm or Adults in Need of Protection /Disciplinary investigations as a result of viewing CCTV images. There may also be occasions when it is necessary to invite professional experts to view CCTV footage e.g. MAPA trainers/co-ordinators.

3.0 ROLES/RESPONSIBILITIES

- This CCTV System will be the responsibility of Belfast Health and Social Care Trust as overall owner.
- To ensure compliance with this Policy.
- To ensure that the operating procedures for this system are complied with at all times.
- To ensure that the purposes and objectives of this system are not exceeded.
- To notify all persons on the Muckamore Abbey Hospital Site where CCTV is installed that a CCTV scheme is in operation.
- To facilitate formal subject access requests of any images captured under the terms of the Data Protection Act 1998.
- To provide copies of this Policy when required to do so.
- To ensure that this CCTV system has appropriate signage to inform people entering and leaving buildings that CCTV is in operation.
- To register the CCTV System with the ICO Office.

- To ensure that appropriate information is contained within the Welcome Pack for patients and their carers on the operation of the CCTV System within the wards, Daycare and Swimming Pool Areas. An easy read version of this is available for those with a learning disability as well as an information leaflet for families/relatives and carers.
- To ensure that all staff both existing and new are inducted on the implementation of the CCTV System within their working environment.
- To ensure CCTV screens cannot be seen by individuals who are not authorised to do so.

Personal Data Guardian

The Belfast Trust's Personal Data Guardian has a strategic role for the management of patient information. The Personal Data Guardian's key responsibilities are to oversee how staff use personal health information and ensure that service users' rights to confidentiality are respected.

Information Asset Owner

The role of the Information Asset Owner is to understand what information is held, what is added and what is removed, how information is moved, and who has access and why. As a result, they are able to understand and address risks to the information, and ensure that information is fully used within the law for the public good, and provide written input to the SIRO annually on the security and use of their asset. This role is undertaken by Co-Directors within the Belfast Trust.

Data Protection Officer

The Belfast Trust's Data Protection Officer has legal obligations for compliance in respect of the handling of personal data in line with the Data Protection Act 1998.

The hospital senior team as defined in paragraph 6 will monitor the use of all CCTV, undertake regular audits and provide advice and guidance on their use alongside the following responsibilities,

- To ensure compliance with this Policy.
- To ensure that the operating procedures for this system are complied with at all times.
- To ensure that the purposes and objectives of this system are not exceeded.
- To notify all persons on the Muckamore Abbey Hospital site where CCTV is installed that a CCTV scheme is in operation.
- To facilitate formal subject access requests of any images captured under the terms of the Data Protection Act 1998.
- To provide copies of this Policy when required to do so.
- To ensure that this CCTV system has appropriate signage to inform people entering and leaving buildings that CCTV is in operation.
- To ensure CCTV screens cannot be seen by individuals who are not authorised to do so.

Maintenance Contractor

- Belfast Health and Social Care Trust have secured a contract with Radiocontact for the maintenance and upkeep of the CCTV system within Cranfield, Sixmile, Killead, Donegore and Erne Wards, Moyola Daycare, and Swimming Pool for the period 1st December 2015 to 30th November 2020. Renewal of this contract at the end of the expiry date will be sought through a tendering process.

4.0 KEY POLICY PRINCIPLES

Definitions

Key Policy Statement(s)

Policy Principles

4.1 OWNERSHIP & OPERATION OF CCTV SCHEMES

All CCTV schemes within Belfast Health and Social Care Trust are owned and operated by Belfast Health and Social Care Trust. The cameras, monitors and data collection and retention processes in Muckamore Abbey Hospital Wards, Moyola Daycare and Swimming Pool are maintained operationally by the Hospital Senior Team and further maintained by 3rd party provider organisation under separate maintenance contract to the Trust in accordance with this policy.

The following principles will govern the operation of CCTV in Muckamore Abbey Hospital,

- The system will be operated fairly and lawfully and only for the defined purposes set out in Section 3 (purpose).
- The CCTV system will be operated with due regard for the privacy of all individuals at all times.
- Any change to the purposes for which the system is operated will require the prior approval of the Chief Executive or a nominated officer specifically nominated by the Personal Data Guardian for the Trust.
- Any changes to the system will be discussed and agreed with staff side organisations.

4.2 Data Protection and Legislation

Belfast Health and Social Care Trust will include this scheme within the annual 'Notification' process required by the Data Protection Act 1998.

The scheme will operate in accordance with the guidelines set out in the 'CCTV Code of Practice' and additional guidance published by the Information Commissioner, a copy of which is available from the Data Protection Officer or direct from the Information Commissioner's website

www.informationcommissioner.gov.uk/eventual.aspx?id=437.

The Trust must adhere to the following guidelines, to conform to this Code of Practice:

- Managers operating such schemes within premises they manage will be responsible for overseeing that monitoring of all images are done so in accordance with this policy and that suitable operation, backup, retention, destruction and maintenance of all storage media is conducted in accordance with the written operational procedures (see Appendix 2).
- Cameras will not be hidden from view and appropriate steps must be taken, e.g. by signing and displaying posters, to inform the public of the presence of the system and its ownership at all times.
- Images from the cameras are appropriately recorded in accordance with existing operational procedures (see Appendix 2).
- There is no sound recording undertaken from any part of the system.

4.3 Subject Access

Only the Data Protection Officer or in their absence, the Hospital Senior Team, in response to a formal request from the data subject, will permit subject access to the images monitored by the system either in hard copy format or by informal viewing.

Individuals or their authorised representative wishing to access images from the system or formal subject access requests specifically relating to CCTV must contact the Belfast Trust Data Protection Officer. The Data Protection Officer / Hospital Senior Team will complete the 'CCTV Viewing Record Form (see Appendix 3) and file for a period of 3 years.

The Hospital Senior Team will follow the procedures set out in (Appendix 5) in respect of accessing, storage, retention and disposal of any CCTV Footage.

4.4 Breaches of this Policy

The Belfast Trust will investigate any breaches of this policy, using appropriate mechanisms that may include the Adverse Incident Policy or Disciplinary procedure.

A major purpose of this scheme is to help ensure the health and safety of those with a learning disability, staff and visitors, it should be noted that intentional or reckless interference with any part of any monitoring equipment, including cameras/monitor/back-up media, may be considered a criminal offence.

4.5 Complaints Procedure

Grievances and complaints regarding the operation of any Belfast Health and Social Care Trust's CCTV system may be progressed through the Trust's Complaints Procedure or Grievance Procedures.

5.0 IMPLEMENTATION OF POLICY

5.1 Dissemination

List the groups of staff for whom this policy has relevance.

TILLI Group (Hospital Patient Council)
 Muckamore Abbey Hospital Staff – clinical and non-clinical
 Director of Adult Social and Primary Care
 Head Of Learning Disability Services
 Service Improvement and Governance Manager
 Hospital Services Manager
 Chair of Division/Clinical Director of Hospital Learning Disability Services
 Trust Data Protection Officer
 Belfast Trust and LD Adult Safeguarding Team
 PSNI/PPU
 Hospital Advocacy Services
 Trade Unions
 Parents/Relatives/Carers
 Directorate of Legal Services (DLS)

5.2 Resources

Training

- Guidance on the requirements of the law on Data Protection will be given to staff who are required to manage and work with the CCTV systems
- Staff will be fully briefed and trained in respect of all functions, both operational and administrative relating to CCTV control operation.
- Training by camera installers will also be provided as appropriate.
- Mandatory Equality Rights Training provided by the BHSCT.

5.3 Exceptions

The following situations are exempt from this policy as the implementation of CCTV system within Muckamore Abbey Hospital is only to assist with Investigations related to,

Adults at risk or Harm or Adults in Need of Protection Issues.

- Patients on Clinical Observations
- Patient Behaviour Analysis
- Any form of therapeutic intervention for any patient
- Staff enhancement

If however, viewing of CCTV footage in relation to an Adults at risk or Harm or Adults in Need of Protection issue were to highlight any health and safety or unacceptable professional practices, then the footage would be used to carry out an appropriate investigation in respect of the particular issue that has been noted.

6.0 MONITORING

This Policy, its operation and the operation of this CCTV system will be reviewed annually by the Trust's Hospital Senior Team providing an Annual report to the Information Governance Committee.

7.0 EVIDENCE BASE / REFERENCES

Information Commissioner's CCTV Code of Practice

8.0 CONSULTATION PROCESS

TILLI Group (Hospital Patient Council)
 Muckamore Abbey Hospital Staff – clinical and non-clinical
 Director of Adult Social and Primary Care
 Co-Director of Learning Disability Services
 Service Improvement and Governance Manager
 Hospital Services Manager
 Clinical Director of Hospital Learning Disability Services
 Trust Data Protection Office
 Belfast Trust Adult Safeguarding Team
 PSNI/PPU
 Hospital Advocacy Services
 Trade Unions
 Parents/Relatives/Carers
 Directorate of Legal Services (DLS)

9.0 APPENDICES / ATTACHMENTS

Appendix 1 – CCTV Registers
 Appendix 2 - Operational Procedures for the Control and use of CCTV in Muckamore Abbey Hospital
 Appendix 3 – Access Log
 Appendix 4 – CCTV Viewing Record Form
 Appendix 5 – Receipt for Copied USB taken for evidential purposes

10.0 EQUALITY STATEMENT

In line with duties under the equality legislation (Section 75 of the Northern Ireland Act 1998), Targeting Social Need Initiative, Disability discrimination and the Human Rights Act 1998, an initial screening exercise to ascertain if this policy should be subject to a full impact assessment has been carried out. The outcome of the Equality screening for this policy is:

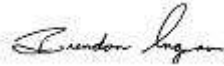
Major impact ☐

Minor impact ☐

No impact. ☒

SIGNATORIES

(Policy – Guidance should be signed off by the author of the policy and the identified responsible director).



Author: _____

Date 10th October 2018



Director: _____

Date 10th October 2018

Appendix 1**19.0 OPERATIONAL PROCEDURES FOR THE CONTROL AND USE OF CCTV in Muckamore Abbey Hospital.**

This should be read in conjunction with CCTV policy and

- The Information Commissioner's Code of Practice (CCTV)
- The following operational procedures

20.0 Standards

- Cameras must always be operated so that they will only capture the images relevant to the purpose for which the particular scheme has been established and approved.
- Cameras and recording equipment should be properly maintained in accordance with manufacturer's guidance to ensure that clear images are recorded.
- Cameras should be protected from vandalism in order to ensure that they remain in good working order.
- If a camera/equipment is damaged or faulty there should be a separate local procedure for,
 - Defining the individual(s) responsible for ensuring the camera is fixed.
 - Ensuring the camera/equipment is fixed within a specific time period.
 - Monitoring and overseeing the quality of the maintenance work.
- Cameras should not be allowed/altered to view any areas outside current locations which have been agreed.

21.0 Operators

- All staff involved in the handling of the CCTV equipment, both directly employed and contracted, will be made aware of the sensitivity of handling CCTV images and recordings.

22.0 Maintenance

- A comprehensive maintenance log will be kept which records all adjustments/alterations/servicing/non-availability of all individual schemes
- Any hard drives on which images have been recorded will be replaced when it has become apparent that the quality of images has deteriorated.
- If the system records location/time/date these will be periodically checked (at least weekly) for accuracy and adjusted accordingly. In the case of alterations due to 'British Summer Time', the system should as a matter of course be checked for accuracy.

23.0 Procedures for Processing Subject Access Requests

Subjects who wish to access Belfast Health and Social Care Trust information recorded on CCTV systems must contact the Trust's Data Protection Officer and must state the nature of their relationship with the Trust (for example

employee, former employee, service user, visitor, contractor). Any member of staff receiving such a request must forward it immediately to the Data Protection Officer.

24.0 Access

- In the event that CCTV footage records an incident to be subject to further investigation, or is subject to a data subject access request, a copy of the images in question shall be provided to the Data Protection Officer for preservation.
- The Hospital Senior Team should be aware of the procedures for granting subject access requests to recorded images or the viewing capabilities of CCTV schemes (as per the CCTV Policy). All such requests (in the first instance) should be notified immediately to the Data Protection Officer in writing.
- Access to the recorded images should be restricted to a manager or designated member of staff approved by Hospital Senior Team/IAO. All accessing or viewing of recorded images should only occur within a restricted area and other employees should not be allowed to have access to that area or the images when a viewing is taking place. A purpose designed room for viewing is established within the main administration building and has had additional security added to it. A safe is located in this same viewing suite for any imagery which has had to be downloaded and requires to be retained.
- The justification for any disclosure must be recorded in the 'Access Log' (Appendix 3) which is available within the viewing suite room

25.0 This particular CCTV system works on an equivalent 90-day activity hard drive, which is then set to overwrite itself. All cameras operate on a motion sensed basis, i.e. images will only be captured where actual activity is taking place.

A review must be undertaken three months after implementation to assess against the stated purpose of the identified scheme.

Appendix 2**CCTV Viewing Record Form****(This form to be used whenever CCTV footage is viewed)****Date:-****Time:-****Location of viewing:-****Purpose of Viewing:-**

.....

.....

.....

.....

Person present:- (Print full name)

(Job title)

(Signature)

Person present:- (Print full name)

(Job title)

(Signature)

Brief details of the viewing (to include outline of incidents & next steps):

.....

.....

.....

.....

.....
USB Reference Number (unit initials and sequential number)

Note:- This form must be stored securely.

Appendix 3

Receipt for copied DVD taken for evidential purposes

(1 x copy to person requesting and 1 x copy retained)

I acknowledge receipt of copied DVD Number To be solely for evidential purposes only.

Brief Details of Information being handed over:-

.....

Full name of person handing DVD over:- (Print)

Signature of person handing DVD over:- (Signature)

Job title of person handing DVD over:- (Job title)

Full name of person receiving DVD:- (Print)

Signature of person receiving DVD:- (Signature)

Job title of person receiving DVD:- (Job title)

DVD Reference Number (unit initials and sequential number)

Crime Reference Number (Police)

Note:- This form must be stored securely.

Appendix 4**Procedure for Hospital Senior Management Team to Access CCTV Footage**

Following a notification to and approval from the BHSCT Data Protection Office, the following procedure will be followed when access and download of CCTV footage is required to assist in the investigation of a Vulnerable Adult Issue:

Access and Download:

The CCTV viewing record form (Appendix 3) must be completed in full by a member of the Hospital Security Team. The required footage will then be downloaded on to a Trust encrypted Iron Key. Passwords for access to the Iron Key will only be made known to those who require access to the footage.

Viewing of Images:

The viewing of images pertaining to any incident will be restricted to a member of the hospital security team or a designated member of staff directly related to the investigation of an Adult Safeguarding Incident. The footage should be viewed in the CCTV Viewing Suite located within the main administration building which affords privacy and confidentiality and which is free from patients, staff and visitors.

Retention and Destruction of CCTV Footage:

The encrypted Iron Key to which the footage is downloaded will be stored in the safe in the CCTV Viewing Suite. The footage downloaded should be retained for a period of time which is in keeping with both the Trust's policy on Retention of Records and Good Management, Good Records (GMGR). Where there is a request from PSNI for a copy of downloaded footage, two copies should be downloaded and one given to the PSNI ensuring that the form "Receipt for copied Iron Key taken for evidential purposes" (Appendix 4) is completed in full.

3.004

Title:	Caring for and safeguarding children and young people who attend adult services for admission, care or treatment		
Author(s)	Patricia McKinney, Divisional Nurse, Trauma & Orthopaedics & Rehabilitation Services		
Ownership:	Aidan Dawson, Specialist Hospitals and Women's Health Director		
Approval by:	Standards and Guidelines Committee Trust Policy Committee Executive Team Meeting	Approval date:	20/06/2019 01/08/2019 07/08/2019
Operational Date:	June 2019	Next Review:	June 2024
Version No.	1	Supersedes	V(2) 'Safeguarding Children & Young People who are admitted to all adult wards and departments for care and treatment' SG 33/12 V(1) 'Caring for and safeguarding children and young people who are admitted to adult wards' SG 57/13
Key words:	Children, young people, adult wards, safe care, safeguarding		
Links to other policies	<ul style="list-style-type: none"> •Administration of intravenous fluids to children aged from 4 weeks until the 16th birthday: Reducing the risk of Hyponatraemia Policy (2016) •Adverse incident reporting and management policy (2018) •Being Open Policy (2018) •BHSCT Medicines Code (2017) •BHSCT Medicines Code Policy (2017) •Claims Management & Engagement of Legal Services Policy (2017) •General Health and Safety Policy (2018) •Guidance on Actions to be Taken after a Patient's Death in Hospital (2018) •Policy and Procedure for the Management of Comments, Concerns, Complaints & Compliments (2017) •Policy on the Data Protection Act 1998 and Protection of Personal Information (2018) •Policy to be followed when obtaining consent for examination, treatment or care in adults and children (2015) •Policy for Chaperoning during Intimate Examination and Care (2012) •Intimate Care guidelines (Revised Regional Core Policies & Procedures (2017) •Procedure for Reporting and Managing Adverse Incidents (2018) •Procedure for Grading an Incident •Procedure for Investigating an Incident •Recommendations from the Inquiry into Hyponatraemia-related deaths. •The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (NI) 1997 (RIDDOR) Procedural Arrangements 		

	<ul style="list-style-type: none"> •Serious Adverse Incident (SAI) Procedure •Policy for Sharing Learning •Visitors Policy •Whistle Blowing Policy (2018)
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Date	Version	Author	Comments
03/05/2019	1.0	P McKinney	Version sent to Child Safeguarding Committee for comment (no amendment required)
20/06/2019	1.0	P McKinney	Version sent to Standards and Guidelines Committee and Trust Policy Committee (amendments to be made)
21/08/2019	1.0	P McKinney	Updated version sent to Standards and Guidelines Committee and Trust Policy Committee

1.0 INTRODUCTION / PURPOSE OF POLICY

1.1 Background

Belfast Health and Social Care Trust (BHSCT) is committed to the provision of a high quality service to all children and young people who attend adult services for admission or have contact with adult services in an outpatient setting. This will involve the promotion and enhancing the welfare and health of the children and young people via access to age appropriate information, discussion and involvement of their care.

The Trust is committed to providing care for this group of children and young people within the framework of the Children (NI) Order 1995, the Human Rights Act 1998 and Co-operating to Safeguarding Children 2017 and Safeguarding Board Northern Ireland (SBNI) Revised Regional Core Policies and Procedures (2017).

The Trust recognises that children and young people are a distinct group with needs that will differ significantly from adults and younger children. As far as possible the Trust will seek to respect their need for individuality, increasing autonomy and independence whilst providing the safest care to meet both their physical and emotional needs. Parents and carers will be valued and their opinions taken into account, as they are experts on the child/young person

1.2 Purpose

This policy is for all staff members whose work brings them into contact with children up to the age of 18 years who attend adult services for admission or who attend adult services for treatment and care in an outpatient setting.

1.3 Objectives

- To provide a framework which guides staff in the decision-making process in relation to physiologically appropriate and age appropriate care of a child or young person who attend adult in patient services or have contact with adult services in an outpatient setting.
- To ensure the child or young person's needs are paramount and central to decisions, and that care is planned, integrated and co-ordinated around the individual needs and the needs of the family unit.
- To enable staff to recognise and respond appropriately to the children and young people's needs.
- To inform families of the process by which decisions are considered, made and reviewed.
- To ensure staff are aware of how to raise concerns of risk of harm toward children appropriately.

2.0 SCOPE OF THE POLICY

This policy applies to the safeguarding, multi-professional treatment and physiological care of children up to the age of 18 years who attend adult services for admission or have contact with adult services in an outpatient setting.

3.0 ROLES/RESPONSIBILITIES

3.1 All Staff

All staff must adhere to this policy and the Safeguarding Board Northern Ireland (SBNI) Revised Regional Core Policies and Procedures (2017).

Staff must ensure that children/young people are treated appropriately for their age and abilities using relevant guidance and seek advice from paediatric colleagues when required.

All staff should have a good understanding of the laws regarding competency and consent in young people under 18 years old (Seeking Consent, Working with Children DHSSP 2003, Gillick Competency)

Staff will have a responsibility to access the relevant child protection training pertinent to their role. The Safeguarding Children Nurse Specialist (SCNS) will advise on levels of training required.

Ensure that parents/carers have access to the consultant in charge of their child's/young person's care.

Staff are required to adhere to their Professional Codes of Conduct in relation to their Duty of Candour when delivering care to a child or young person.

Ensure that the Hospital Social Worker (in the case of admissions) or the appropriate Social services gateway service (in the case of outpatient settings) is contacted/consulted where there are child protection concerns or if there is a history of social work involvement (see section 4.6). After 5pm in the evenings, weekend or public/bank holidays the Regional Emergency Social Work Service (RESWS) should be contacted/consulted. Contact numbers for these services can be obtained from the hospital switchboard.

3.2 Managers

Managers at all levels are responsible for ensuring that staff are aware of this policy, how to access it and provide and update on any amendments or changes to this policy or any related policies.

Managers are also responsible for keeping staff up to date about any changes to this policy.

4.0 KEY POLICY PRINCIPLES

4.1 Definitions

'A child is a person under the age of 18 years as defined in the Children (NI) Order 1995.

A young person is defined as being aged 14-17. For the purpose of this policy we will be using the term child/young person side by side.

Effective safeguarding activity will:

- **Promote** the welfare for the child and young person;
- **Prevent** harm occurring through early identification of risk and appropriate, timely intervention; and
- **Protect** children and young people from harm when this is required. (Co-operating to Safeguard Children and Young People in Northern Ireland 2017)

4.2 Key Policy Statement(s)

To provide staff and management with information and guidance in relation to the providing safe care for and safeguarding of children and young people who attend adult services for admission, care or treatment.

4.3 Policy principles

Where children and young people are cared for in an adult environment, the following considerations should be made;

- 4.3.1 Every effort should be made to ensure the provision of appropriate facilities and/ accommodation for the child or young person.
- 4.3.2 The care provided for each child or young person should be sensitive to their individual needs and aspirations and take account of their race, ethnicity, gender, sexual orientation, ability or disability, anatomy and physiology. (see also 4.5 Consent).
- 4.3.3 Staff should be aware of indicators which may be suggestive that a child or young person is the subject of abuse, neglect, human trafficking or self-injurious behaviour and take appropriate action. This also includes concerns about the parents/guardian's behaviour or presentation. (See 4.8 What to do if you have child protection concerns about a child in your care)
- 4.3.4 If the child/young person is unaccompanied on admission, nursing/midwifery staff should consider the need to inform the parent/carer and hospital social services/Gateway if appropriate (see section 4.5 Consent).
- 4.3.5 All children and young people admitted will have a named consultant in charge of their care. The child/young person will be medically reviewed twice a day (morning and evening). In the event of an unplanned admission, the consultant will be informed as soon as possible that a child /young person has been admitted under their care and they will be kept informed of the patient's condition for the duration of their stay. Parents/carers will have access to this consultant. Any changes to clinical accountability/named consultant should be recorded in the notes and the child/ young person and their parents advised accordingly.
- 4.3.6 All children and young people admitted will have an identified nurse/midwife to act as an advocate for them on each shift, during their stay. This nurse should, insofar as possible, be in attendance during interactions between a doctor and the child/young person.
- 4.3.7 Each child/young person will have an individualised nursing/midwifery assessment and care plan which will be fully discussed with the child/young person/parent/carer (with their consent if required). Clinical staff (Medical, Nursing and Allied Health Professionals) should respect parental knowledge and expertise in relation to their child's needs and incorporate the same into their care plans. Notes should record discussions between clinical staff and parents relating to patient care.
- 4.3.8 Staff will use the adult documentation including the nursing/midwifery assessment and plan of care document, medicine prescription kardex and risk assessments to document care except where the child/young person's height/ weight/ anatomy would indicate that it is more appropriate to use the paediatric version. The paediatric fluid prescription and balance chart **must be** used for children up to their 16th birthday. The only exceptions are
 - diabetic ketoacidosis (DKA) when specialised fluid prescription charts may be used.

- acute burns when specialised fluid prescription charts may be used.
- day case patients where the ward has a clear protocol for the management of these patients using operating and post-operative documentation. Any day case patient, who requires an inpatient stay, must be started on a fluid prescription and balance chart.

If in doubt, seek advice (see below), document the advice given and the name and grade of the professional giving advice in the child's nursing/medical notes, and clearly communicate the decision to the team caring for the child/young person. The rationale for any change in treatment should be clearly recorded. Documentation must be available at the bedside when required by the multi-professional team.

4.3.10 Patient flow/Senior Nurse for RBHSC are available at any time, day or night to provide nursing advice or to signpost to other appropriate staff. They can be contacted via switchboard in RBHSC.

4.3.11 Medical advice can be sought from the paediatrician on call, the paediatric consultant of the week (both available through admissions in RBHSC) or the named doctor for child protection in the Belfast Trust.

4.3.12 The British National Formulary for Children is available as follows:
www.bnfc.org and <http://belbnfweb01.belfasttrust.local:8080/bnf/>.

If additional advice is required on any aspect of paediatric medicines administration the following should be contacted:

- The nominated clinical/ward-based pharmacist
- Northern Ireland Regional Medicines and Poisons Information Centre, The Royal Hospitals. Enquiry answering service is available Monday-Friday, between 9.00am and 5.00pm 90632032 or 9063 3847 by fax 9024 8030 or by e-mail: nirdic.nirdic@belfasttrust.hscni.net.
Out-of-hours, the on-call pharmacist can be contacted for advice.

4.3.13 Staff must be aware of how to escalate concerns in the case of a deteriorating child/young person. Staff must familiarise themselves with the content of the resuscitation trolley and emergency drug box in their area. All adult resuscitation trollies have a variety of different sizes of equipment. Advice can be sought from the Resuscitation Services Team, Elliott Dynes, RVH contact 02890633312 resuscitation.services@belfasttrust.hscni.net

4.3.14 Ward staff must adhere to the Intimate Care guidelines (Revised Regional Core Policies & Procedures 2017).

4.3.15 The child/young person/parent (where appropriate) will be informed as to how and who they should speak to if they have a concern or a complaint. This must be documented in the child/young person's notes and staff must adhere to relevant Trust policies (see policy links above).

- 4.3.16 In the event of an untoward, adverse or serious adverse incident occurring in relation to a child/young person and staff must adhere to relevant Trust policies (see policy links above).
- 4.3.17 When a child /young person wants a parent or carer to stay overnight, all efforts should be made to accommodate sleeping arrangements near to the child / young person.
- 4.3.18 Discussion should be undertaken with parents/guardians regarding appropriate TV viewing, social media, electronic devices and mobile phone usage and curfews.
- 4.3.19 If the young person is still in full/ part time education, the school or college should be notified by the parent. Children/ young people should be encouraged to continue their education in hospital except where their medical condition dictates otherwise. The hospital school co-ordinator should be consulted if the child/young person is anticipated to have prolonged admission. The hospital school co-ordinator can be contacted via the children's hospital. If it is required they should have access to play therapy.
- 4.3.20 In the event that the child/young person is accessing maternity/sexual health or gynae services social services input will be provided particularly if the child is under 16. Further information is available from "Seeking Consent: Working with Children" (DHSSPS 2003). "Reference Guide to Consent for Examination, Treatment or Care" (DHSSPS 2003). Gillick Competency and Fraser guidelines- NSPCC and SBNI policies and procedures reference these. (The Fraser Guidelines specifically relate to contraception and sexual health and are pertinent to giving contraceptive advice and treatment to those under 16 without parental consent. The guidelines also apply to decisions about treatment for STI's and termination of pregnancy).
- 4.3.21 In relation to the governance regarding the maintenance of a live record of Children and young people who attend services outside of RBHSC, clinical areas must provide patient flow with daily update of all children and young people receiving care in the adult setting.

4.4 Visiting Arrangements

- 4.4.1 All of the points referenced in the Trust's Visitor Policy equally apply to children/young people. Information will be provided to the children/young people and their parents/carers in relation to visiting times and other services. Where possible open visiting arrangements should be made for close family members. The family should be encouraged to remain with the child/young person during their admission if appropriate.
- 4.4.2 When siblings or other children are visiting consideration must be given to location of the visit in relation to physical safety, comfort, privacy and dignity, access to toilet and general child-friendliness. Only in the most exceptional circumstances should visits be prevented due to environmental factors.

- 4.4.3 There should be a visible, vigilant staff presence evident at visiting times, to reduce potential risk to and vulnerability of the child/young person.

4.5 Consent

- 4.5.1 Regardless of age, emergency treatment to save life or prevent deterioration can be given without consent.
- 4.5.2 The rights of each child/young person must be respected. These include the right to dignity, privacy, confidentiality and appropriate information, including where possible, involvement in giving consent.
- 4.5.3 Only a person who legally has parental responsibility may agree to a child's treatment. (Please refer to point 4.4). With the exception where the Trust has an Interim or Full Care Order in place.
- 4.5.4 By virtue of section 4 of the Age of Majority Act (Northern Ireland) 1969, people aged 16 or 17 are entitled to consent to their own medical treatment, and any ancillary procedures involved in that treatment, such as an anaesthetic. As for adults, consent will be valid only if it is given voluntarily by an appropriately informed individual capable of consenting to the particular intervention. However, unlike adults, the refusal of a competent person aged 16-17 may in certain circumstances be over-ridden by either a person with parental responsibility or a court.
- 4.5.5 Section 4 of the Age of Majority Act (Northern Ireland) 1969 applies only to the young person's own treatment. It does not apply to an intervention which is not potentially of direct health benefit to the young person, such as blood donation or non-therapeutic research on the causes of a disorder. However, a young person may be able to consent to such an intervention under the standard of Gillick competence, considered below.
- 4.5.6 Following the case of Gillick, the courts have held that children who have sufficient understanding and intelligence to enable them to understand fully what is involved in a proposed intervention will also have the capacity to consent to that intervention. This is sometimes described as being "Gillick competent" and may apply to consent to treatment, research or tissue donation. As the understanding required for different interventions will vary considerably, a child under 16 may therefore have the capacity to consent to some interventions but not to others. As with adults, assumptions that a child with a learning disability may not be able to understand the issues should never be made automatically.
- 4.5.7 Where a competent child does ask you to keep his/her confidence, you must do so, unless you can justify disclosure on the grounds that you have reasonable cause to suspect that the child, or other children are suffering, or are likely to suffer, significant harm. You should however seek to encourage competent children to involve their family, unless you believe that it is not in their best interests to do so. Staff may wish to consult with hospital social work/Gateway/RESWS for advice and guidance.

- 4.5.8 Further information is available from "Seeking Consent: Working with Children" (DHSSPS 2003). "Reference Guide to Consent for Examination, Treatment or Care" (DHSSPS 2003). Gillick Competency and Fraser guidelines- NSPCC and SBNI policies and procedures reference these. Consent in Adults, Adolescents and Children in Emergency Departments (Royal College of Emergency medicine (2018).

4.6 Parental Responsibility

- 4.6.1 Only a person who legally has parental responsibility may agree to a child's treatment on their behalf other than clinicians acting in their best interests, or the Trust as a Corporate Parent. Not all parents will legally have parental responsibility.
- 4.6.2 The following applies to children whose birth is registered in Northern Ireland as to who has parental responsibility:
- A mother is automatically granted parental responsibility for her child.
 - A father is automatically granted parental responsibility if he is married to the mother at the time of a child's birth or they subsequently marry.
 - For children born after 15th April 2002, an unmarried father has parental responsibility if he is named on the child's birth certificate.
 - Prior to this date an unmarried father may obtain parental responsibility through a formal parental responsibility agreement with the mother, or through the courts.
 - Other people can acquire it though a Parental Responsibility Order, Residence Order, Adoption and a Care Order.

4.7 Staff Training

- 4.7.1 All staff involved in the care of children/young people must have access to relevant training to enhance knowledge and skills enabling them to meet the needs of this age group. This includes mandatory Safeguarding Children Training Level 2 or Level 3 and hyponatraemia training.

4.8 What to do if you have child protection concerns about a child in your care

The following action must not delay an immediate referral to Social Services where a child is suffering or likely to suffer significant harm.

- 4.8.1 Discuss concerns with the parent/carer/child where appropriate, except where doing this would place the child at risk of significant harm, or compromise a possible police investigation. Parental consent to a referral to social services in relation to a child protection concern is not a requirement but, where possible, consent to such a referral should be sought.

- 4.8.2 In relation to family support /"child in need" referrals ward staff must seek the consent of the person who has parental responsibility for the child.
- 4.8.3 Seek medical attention if required.
- 4.8.4 Identify and discuss concern(s) with:
- line manager;
 - hospital social worker (in the case of admissions) or the Gateway Team (in the case of outpatient settings) or RESWS (after 5pm/weekends/public or bank holidays)
 - named Safeguarding Children Nurse Specialist (SCNS) 9am-5pm Mon-Fri
- 4.8.5 Document accurately all consultations with parents and or child and commence an "Understanding the Needs of Children In Northern Ireland" (UNOCINI) assessment if appropriate. Follow UNOCINI process (Appendix 1).
- 4.8.6 During normal working hours (9am to 5pm) where there is a child protection concern ward staff should inform the hospital social worker and liaise with the a Safeguarding Children Nurse Specialist via written notification of any child protection concerns using the form in appendix 1. This form may be e-mailed to the SCNS as per Trust e-mailing policy. Staff in centres that are outside the hospital setting can contact Gateway Services between the hours of 9-5 and the then the regional out of hours service outside of these time.
- 4.8.7 A UNOCINI should be submitted to Social Services Gateway Services regarding staff concerns.
- 4.8.8 Outside normal working hours (5pm to 9am) where there is a child protection concern ward staff should contact the Regional Emergency Social Work Service.
- 4.8.9 A nursing and medical care plan for the child should be jointly agreed between social services and ward staff to ensure the safety of the child.
- 4.8.10 These concerns and an appropriate management plan must be clearly documented in the patient's record. A copy of any completed UNOCINI form should be filed in the patient's record.

5.0 IMPLEMENTATION OF POLICY

5.1 Dissemination

Dissemination of this policy should be implemented to all BHSCT hospital staff, medical and hospital social work staff/field social workers via team meetings. Information pertaining to the policy will also be available via the Trust Hub Policies and Procedure page.

5.2 Resources

All staff involved in the care of children/young people must have access to relevant training to enhance knowledge and skills enabling them to meet the needs of this age group. This includes mandatory Child Protection training which is available via HRPTS and UNOCINI training.

5.3 Exceptions

Belfast Health and Social Care Trust (BHSCT) aims to provide a high quality service to all children and young people requiring admission to hospital. On occasion, children and young people may be admitted to an adult ward for care and treatment. This policy applies to staff working in adult wards and departments who admit children and young people. The exception to this is adult mental health and learning disability services who have existing procedures in place - 'Admission Protocol for Young People in the Care of care and Adolescent Mental Health Services who are admitted to Acute Adult Mental Health'.

6.0 MONITORING

The policy will be reviewed every 3 years.

7.0 EVIDENCE BASE / REFERENCES

1. British Medical Association (2010) Children and young people tool kit
2. British Medical Association (2001) Consent, rights and choices in health care for children and young people. London: BMJ Publishing Group
3. Children Order 1995 (Northern Ireland)
www.legislation.gov.uk/nisi/1995/755/contents/made
4. Department of Health. Co-operating to Safeguarding Children. 2017: www.health-ni.gov.uk/publication/co-operating-safeguard-children-and-young-people-northern-ireland
5. Department of Health. Safeguarding Board for Northern Ireland Procedures Manual. 2018: www.proceduresonline.com/sbni
6. Department of Health. Standards for Child Protection Services. 2008. www.health-ni.gov.uk/publication/standards-child-protection-services
7. Consent in Adults, Adolescents and Children in Emergency Departments Royal College of Emergency Medicine Best Practice Guideline (2018).
8. Gain Guidelines on Caring For People with a Learning Disability in General Hospital Settings June 2010 Ch 12: Improving the Experience of Children with a Learning Disability
9. Gilmore, S. and Herring, J. (2011) 'No' is the hardest word: consent and children's autonomy. Child and Family Law Quarterly, 23(1): 3-25
10. Human Rights Act (1998) available at www.hmsa.gov.uk

11. Intimate Care – Examination - Chaperoning Policy Ref SG 13/08 (under review)
12. O'Hara, J. (2018) The Inquiry in Hyponatraemia related deaths
13. NSPCC Consent process <https://learning.nspcc.org.uk/research-resources/briefings/research-with-children-ethics-safety-avoiding-harm/>
14. Protection of Children & Vulnerable Adults (NI) Order (2003): www.legislation.gov.uk/nisi/2003/417
15. Record Keeping – Guidance for Nurses and Midwives (NMC 2009) Reference Guide to consent for examination or treatment (DOH 2009)
16. Regional Nursing Assessment & Plan of Care document.
17. Safeguarding Board Act (Northern Ireland) 2011: www.legislation.gov.uk/nisi/2011/7/contents
18. Safeguarding Children and Young People - every nurse's responsibility (RCN Guidance for Nursing Staff 2014)
19. Seeking Consent: Working with Children (DHSSPS 2003)
20. Standards of Conduct, Performance and Ethics for Nurses and Midwives (NMC 2008)
21. UNOCINI Guidance, Understanding the Needs of Children in Northern Ireland
22. United Nations Convention on the Rights of the Child (1989)
23. Visitors Policy Ref TP 10/08 (BHSCT 2008)

8.0 CONSULTATION PROCESS

- AHP team
- Collective Leadership teams across all divisions (Including Chairs of Division for Children's services and Divisional Nurses & Divisional Midwife)
- Consultant Paediatrician (Clinical Lead)
- Consultant Paediatrician Safeguarding Lead
- Consultant Anaesthetist (Lead for deteriorating patient)
- Deputy Medical Director
- Deputy Director of Nursing
- Named Nurse for Safeguarding Children
- Nursing Development Lead
- Pharmacy team
- Resuscitation Services Team
- Safeguarding Children Nurse Specialists
- Safeguarding Children Committee members
- Senior Nurse Management Team
- Social Worker team Safeguarding Specialists

9.0 APPENDICES / ATTACHMENTS

- Appendix 1 – Referral Form
- Appendix 2 - Safeguarding Children Nurses Specialists
- Appendix 3 - Flowchart for Making Referral to Family & Child Care Social Services

10.0 EQUALITY STATEMENT

The Trust has legal responsibilities in terms of equality (Section 75 of the Northern Ireland Act 1998), disability discrimination and human rights to undertake a screening exercise to ascertain if this policy/proposal has potential impact and if it should be subject to a full impact assessment. This process is the responsibility of the policy or service lead - the template and guidance are available on the Belfast Trust Intranet. Colleagues in Equality and Planning can provide assistance or support.

The outcome of the Equality screening for this policy is:

Major impact ☐

Minor impact ☒

No impact ☐

11.0 DATA PROTECTION IMPACT ASSESSMENT

New activities that involve collecting and using personal data can result in privacy risks. In line with requirements of the General Data Protection Regulation (GDPR) and the Data Protection Act 2018 the Trust has to consider the impacts on the privacy of individuals and ways to mitigate against the risks. Where relevant an initial screening exercise should be carried out to ascertain if this policy should be subject to a full impact assessment (see Appendix 7). The guidance for conducting a Data Protection Impact Assessments (DPIA) can be found via this [link](#).

The outcome of the DPIA screening for this policy is:

Not necessary – no personal data involved ☐

A full data protection impact assessment is required ☐

A full data protection impact assessment is not required ☐

If a full impact assessment is required the author (Project Manager or lead person) should go ahead and begin the process. Colleagues in the Information Governance Team will provide assistance where necessary.

12.0 RURAL IMPACT ASSESSMENTS

From June 2018 the Trust has a legal responsibility to have due regard to rural needs when developing, adopting, implementing or revising policies, strategies and plans, and when designing and delivering public services. It is your responsibility as policy or service lead to consider the impact of your proposal on people in rural areas – you will need to refer to the shortened rural needs assessment template and summary guidance on the Belfast Trust Intranet. Each Directorate/Division has a Rural Needs Champion who can provide support/assistance in this regard if necessary.

13.0 REASONABLE ADJUSTMENTS ASSESSMENT

Under the Disability Discrimination Act 1995 (as amended), the Trust has a duty to make reasonable adjustments to ensure any barriers disabled people face in gaining and remaining in employment and in accessing and using goods and services are removed or reduced. It is therefore recommended the policy explicitly references "reasonable adjustments will be considered for people who are disabled - whether as service users, visitors or employees.

SIGNATORIES

(Policy – Guidance should be signed off by the author of the policy and the identified responsible Director).



Authors

Date: 15/08/2019



Director

Date: 15/08/2019

Appendix 1

Unocini
Understanding the Needs of Children in Northern Ireland
A1 REFERRAL V2_1

Section 1: Child or Young Person's Details		
Surname:		ID No.
Forename:		
Known As:		HCN:
Address:		Previous Address:
Postcode:		Previous Postcode:
Telephone No:		Locality:
Mobile No:		Gender
Date of Birth:		
GP Name:		GP Tel No:
GP Address:		GP Email Address:
GP Postcode:		
School Name:		School Tel No:
School Address:		School Postcode:
Does the Child have a Disability?	If Yes, What Disability: (& source of diagnosis)	Other Special Needs:
Yes <input type="checkbox"/> No <input type="checkbox"/>		
Nationality:		Ethnic Origin:
Religion:		Country of Origin:
Language Spoken:		Communication Support: Yes <input type="checkbox"/> No <input type="checkbox"/>
Interpreter <input type="checkbox"/> Signer <input type="checkbox"/> Document Translator <input type="checkbox"/>		

Section 2a: Referrer's Details	
Name of Referrer:	Designation:
Address:	Date of Referral: Click here to enter a date.
Postcode:	Contact Details:
Section 2b: Reason for Referral	

Section 2c: Immediate Actions
Are Immediate /Actions necessary to safeguard the child(ren) or young person(s)? Yes <input type="checkbox"/> No <input type="checkbox"/>

Section 3a: Primary Carers & Other Household Members (Incl. non-family members)				
	Member 1	Member 2	Member 3	Member 4
Last Name:				
Alternative Last Name:				
First Name:				
Telephone No:				
Mobile No:				
Date of Birth:				
Relationship to Child/ YP:				
Language Spoken:				
Nationality:				
Communication Support:	<input type="checkbox"/> Interpreter <input type="checkbox"/> Signer <input type="checkbox"/> Doc. Trans Details	<input type="checkbox"/> Interpreter <input type="checkbox"/> Signer <input type="checkbox"/> Doc. Trans Details	<input type="checkbox"/> Interpreter <input type="checkbox"/> Signer <input type="checkbox"/> Doc. Trans Details	<input type="checkbox"/> Interpreter <input type="checkbox"/> Signer <input type="checkbox"/> Doc. Trans Details
Section 3b: Significant Others (Incl. family members who are not members of the child(ren) or young person(s) household)				
	Other 1	Other 2	Other 3	Other 4

Last Name:				
Alternative Last Name:				
First Name:				
Address:				
Postcode:				
Mobile No:				
Date of Birth:				
Relationship to Child/ YP:				
Language Spoken:				
Nationality:				
Communication Support:	<input type="checkbox"/> Interpreter <input type="checkbox"/> Signer <input type="checkbox"/> Doc. Trans Details	<input type="checkbox"/> Interpreter <input type="checkbox"/> Signer <input type="checkbox"/> Doc. Trans Details	<input type="checkbox"/> Interpreter <input type="checkbox"/> Signer <input type="checkbox"/> Doc. Trans Details	<input type="checkbox"/> Interpreter <input type="checkbox"/> Signer <input type="checkbox"/> Doc. Trans Details

Section 4a: Summary of Referrer's Previous Involvement

--

Section 4b: Referral Consent

Child(ren) / Young Person(s)	
Is the Child(ren) / Young Person(s) subject to this referral aware the referral is being made?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the Child(ren) / Young Person(s) consent to the Referral?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If NO, please explain	

Parent/ Carer	
Is the Parents/ Carers aware that Referral has been made?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do they consent to the Referral?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If NO, please explain	
Section 5: Additional Information: Agencies Currently Working with Child or Young Person	
Agency and Contact Details	
Name:	
Role:	
Tel No:	
Email:	
Name:	
Role:	
Tel No:	
Email:	
Name:	
Role:	
Tel No:	
Email:	
Name:	
Role:	
Tel No:	
Email:	

Appendix 2

Safeguarding Children Nurses Specialists

Belfast City Hospital:

Aideen McLaughlin

Mobile Number: [REDACTED]
[REDACTED]

Mater Hospital:

Aideen McLaughlin

Mobile Number: [REDACTED]
[REDACTED]

Royal Hospital Group:

Gill Hughes

Mobile Number: [REDACTED]

Monday, Tuesday & Wednesday 9 am-5.00pm
[REDACTED]

Jane Thompson

Mobile Number: [REDACTED]

Thursday & Friday 9am -5pm
[REDACTED]

Musgrave Park Hospital:

Jane Thompson

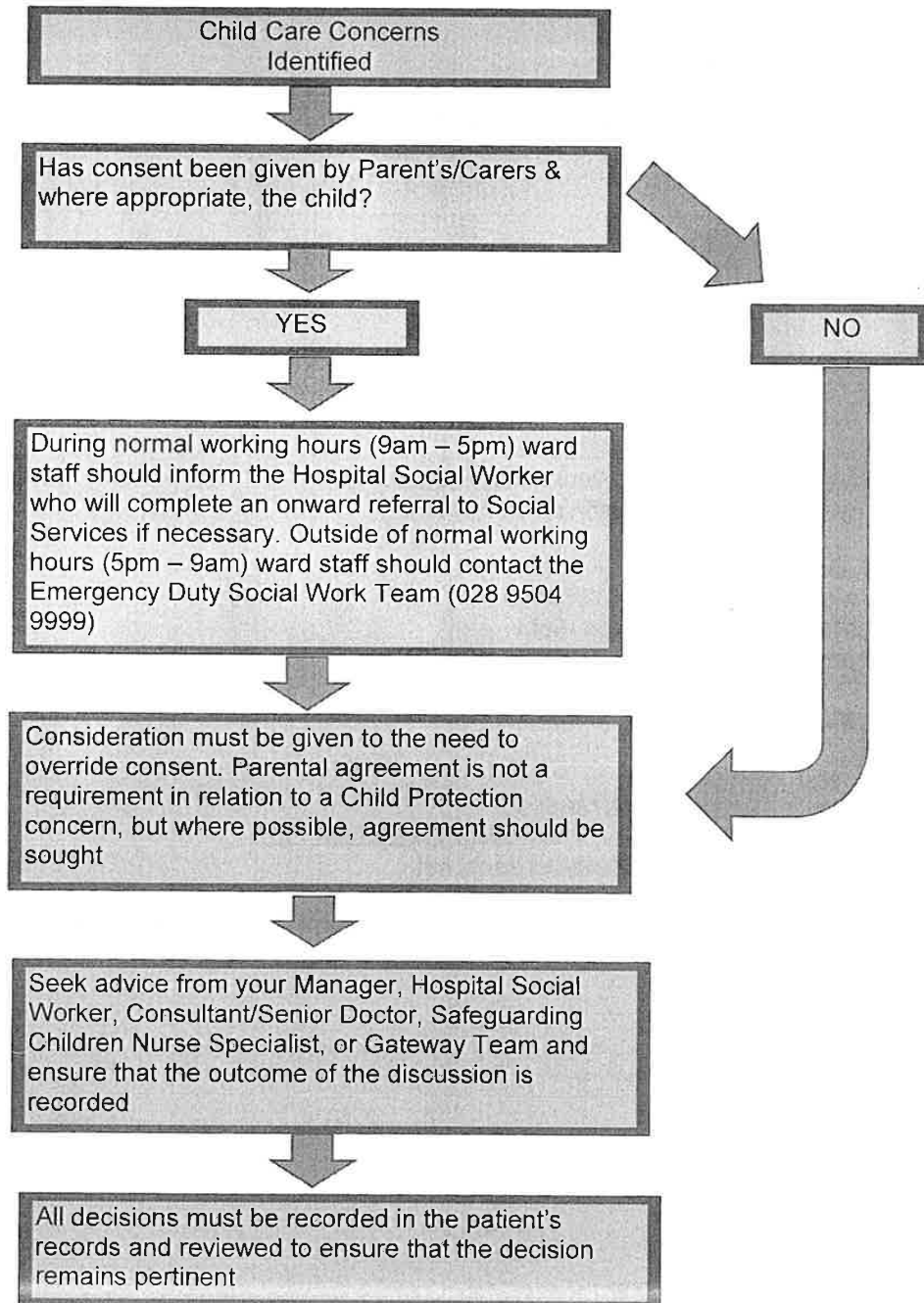
Mobile Number: [REDACTED]

Tuesday, Wednesday, Thursday & Friday 9am -5pm
[REDACTED]

Monday 9am – 5pm contact the **Safeguarding Children Nursing Team Office – 028 90265870**

Flowchart for Making Referral to Family & Child Care Social Services

The following action must not delay an immediate referral to Social Services where a child is suffering or likely to suffer significant harm



3.003



**Belfast Health and
Social Care Trust**

caring supporting improving together

Reference No: SG 16/19

Title:	Caring for and safeguarding children and young people who attend adult services for admission, care or treatment		
Author(s)	Patricia McKinney, Divisional Nurse, Trauma & Orthopaedics & Rehabilitation Services, Tel: [REDACTED] [REDACTED] Fiona Moody, Divisional Nurse Child Health and NISTAR, Tel: [REDACTED] Dr Karl McKeever, Clinical Director, Child Health, Tel: [REDACTED] [REDACTED]		
Ownership:	Mr Aidan Dawson, Director of Specialist Hospitals and Women's Health		
Approval by:	Standards and Guidelines Committee Trust Policy Committee Executive Team Meeting	Approval date:	20/06/2019 01/08/2019 07/08/2019
Operational Date:	August 2019	Next Review:	January 2021
Version No.	1.2	Supersedes	V(2) 'Safeguarding Children & Young People who are admitted to all adult wards and departments for care and treatment' SG 33/12 V(1) 'Caring for and safeguarding children and young people who are admitted to adult wards' SG 57/13
Key words:	Children, young people, adult wards, safe care, safeguarding		

Links to other policies	<p>Administration of intravenous fluids to children aged from 4 weeks until the 16th birthday: Reducing the risk of Hyponatraemia Policy (2016)</p> <p>Adverse incident reporting and management policy (2018)</p> <p>Being Open Policy (2018)</p> <p>BHSCT Medicines Code (2017)</p> <p>BHSCT Medicines Code Policy (2017)</p> <p>Claims Management & Engagement of Legal Services Policy (2017)</p> <p>General Health and Safety Policy (2018)</p> <p>Guidance on Actions to be Taken after a Patient's Death in Hospital (2018)</p> <p>Policy and Procedure for the Management of Comments, Concerns, Complaints & Compliments (2017)</p> <p>Policy on the Data Protection Act 1998 and Protection of Personal Information (2018)</p> <p>Policy to be followed when obtaining consent for examination, treatment or care in adults and children (2015)</p> <p>Policy for Chaperoning during Intimate Examination and Care (2012)</p> <p>Intimate Care guidelines (Revised Regional Core Policies & Procedures (2017)</p> <p>Procedure for Reporting and Managing Adverse Incidents (2018)</p> <p>Procedure for Grading an Incident</p> <p>Procedure for Investigating an Incident</p> <p>Recommendations from the Inquiry into Hyponatraemia-related deaths.</p> <p>The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (NI) 1997 (RIDDOR) Procedural Arrangements</p> <p>Serious Adverse Incident (SAI) Procedure</p> <p>Policy for Sharing Learning</p> <p>Visitors Policy</p> <p>Whistle Blowing Policy (2018)</p>
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Date	Version	Author	Comments
3 rd May 2019	1.0	P McKinney	Version sent to Child Safeguarding Committee for comment (no amendment required)
20 th June 2019	1.0	P McKinney	Standards & Guidelines Policy Committee (amendments to be made)
21 st August 2019	1.0	P McKinney	Standards & Guidelines Policy Committee
3 rd October 2019	1.1	P McKinney F Moody K McKeever	Operational amendments required – disseminated to relevant teams for comments.
19 th November 2019	1.2	P McKinney F Moody K McKeever	Final amendments and returned to Standards and Guidelines.

1.0 INTRODUCTION / PURPOSE OF POLICY

1.1 Background

Belfast Health and Social Care Trust (BHSCT) is committed to the provision of a high quality service to all children and young people who attend adult services for admission or have contact with adult services in an outpatient setting. This will involve the promotion and enhancing the welfare and health of the children and young people via access to age appropriate information, discussion and involvement in their care.

The Trust is committed to providing care for this group of children and young people within the framework of the Children (NI) Order 1995, the Human Rights Act 1998, Co-operating to Safeguarding Children 2017 and Safeguarding Board Northern Ireland (SBNI) Revised Regional Core Policies and Procedures (2017).

The Trust recognises that children and young people are a distinct group with needs that will differ significantly from adults and younger children. As far as possible the Trust will seek to respect their need for individuality, increasing autonomy and independence whilst providing the safest care to meet both their physical and emotional needs. Parents and carers will be valued and their opinions taken into account, as they are experts on the child/young person.

The trust is committed to designing and delivering services which ensure that all children and young people are cared for in a developmentally appropriate setting. Further guidance and developments in relation to age appropriate care up to aged 16 and transition considerations will be part of ongoing commissioning discussions.

At present, all children requiring access to regional, tertiary specialist services, with the exception of Neurology, receive their care in the Royal Belfast Hospital for Sick Children (RBHSC) up to the 16th birthday.

The age limit for admission to RBHSC for secondary care services in Paediatric Medicine, Paediatric Neurology and Paediatric Surgery remains the 14th birthday. The trust will deliver further service re-design in a phased process to deliver the care of all children, where appropriate, in RBHSC up to the 16th birthday.

Paediatric respiratory and Diabetic services are delivered by the department of Paediatric Medicine in the secondary care sector.

The main gateway to admission to secondary care services in RBHSC is through the Children's Emergency Department. The age limit for Children's ED remains the 14th birthday.

Clinical teams should seek advice from their Paediatric colleagues, where required, regarding children aged up to the 16th birthday, attending RVH ED, or admitted to an in-patient ward. This conversation should occur between the Adult services Consultant and Consultant Paediatrician.

Children aged 16-17 years should be managed in age appropriate settings within the adult wards/facilities. All staff caring for children under 18 years should be competent to do so or access expert paediatric opinion as required.

In relation to Outpatient or similar settings the normal safeguarding considerations in relation to children/ young people should be in place and staff up to date on all required training.

1.2 Purpose

This policy is for all staff members whose work brings them into contact with children up to the age of 18 years who attend adult services for admission or who attend adult services for treatment and care in an outpatient setting.

1.3 Objectives

- To provide a framework which guides staff in the decision-making process in relation to physiologically appropriate and age appropriate care of a child or young person who attend adult in patient services or have contact with adult services in an outpatient setting.
- To ensure the child or young person's needs are paramount and central to decisions, and that care is planned, integrated and co-ordinated around the individual needs and the needs of the family unit.
- To enable staff to recognise and respond appropriately to the children and young people's needs.
- To inform families of the process by which decisions are considered, made and reviewed.
- To ensure staff are aware of how to raise concerns of risk of harm toward children appropriately.

2.0 SCOPE OF THE POLICY

This policy applies to the safeguarding, multi-professional treatment and physiological care of children up to the age of 18 years who attend adult services for admission or have contact with adult services in an outpatient setting.

3.0 ROLES/RESPONSIBILITIES

3.1 All Staff

All staff must adhere to this policy and the Safeguarding Board Northern Ireland (SBNI) Revised Regional Core Policies and Procedures (2017).

Staff must ensure that children/young people are treated appropriately for their age and abilities using relevant guidance and seek advice from paediatric or other speciality colleagues, for example mental health when required.

If Intravenous fluids are required, these should only be prescribed and administered by staff who have up to date mandatory training in relation to intravenous fluids, pertinent to their role and responsibilities.

All staff should have a good understanding of the laws regarding competency and consent in young people under 18 years old (Seeking Consent, Working with Children DHSSP 2003, Gillick Competency)

Staff will have a responsibility to access the relevant child protection training pertinent to their role. The Safeguarding Children Nurse Specialist (SCNS) will advise on levels of training required. Contact should be made via main phone number (**Appendix 2**) and the relevant Safeguarding Nurse will be notified.

Staff must ensure that parents/carers have access to the consultant in charge of their child's/young person's care.

Staff are required to adhere to their Professional Codes of Conduct in relation to their Duty of Candour when delivering care to a child or young person.

Staff must ensure that the Hospital Social Worker (in the case of admissions) or the appropriate Social services gateway service (in the case of outpatient settings) is contacted/consulted where there are child protection concerns or if there is a history of social work involvement (see section 6.0 and 7.0). After 5pm in the evenings, weekend or public/bank holidays the Regional Emergency Social Work Service (RESWS) should be contacted/consulted. Contact numbers for these services can be obtained from the hospital switchboard.

3.2 Managers

Managers at all levels are responsible for ensuring that staff are aware of this policy, how to access it and provide and update on any amendments or changes to this policy or any related policies.

Managers are also responsible for keeping staff up to date about any changes to this policy.

4.0 KEY POLICY PRINCIPLES

4.1 Definitions

'A child' is a person under the age of 18 years as defined in the Children (NI) Order 1995.

A young person is defined as being aged 14-17. For the purpose of this policy we will be using the term child/young person side by side.

4.2 Effective safeguarding activity will:

- **Promote** the welfare for the child and young person;
 - **Prevent** harm occurring through early identification of risk and appropriate, timely intervention; and
 - **Protect** children and young people from harm when this is required.
- (Co-operating to Safeguard Children and Young People in Northern Ireland 2017)

4.3 Key Policy Statement(s)

To provide staff and management with information and guidance in relation to providing both safe care and ensuring safeguarding of all children and young people who attend adult services for admission, care or treatment.

5.0 Policy principles

Where children and young people are cared for in an adult environment, the following considerations should be made:

- 5.1** The views of children/young people and their carers should be sought and included in the planning and delivery of their care.

Every effort should be made to ensure the provision of appropriate facilities and/ accommodation for the child or young person.

- 5.2** The care provided for each child or young person should be sensitive to their individual needs and aspirations and take account of their race, ethnicity, gender, sexual orientation, ability or disability, anatomy and physiology. (See also 7.0 Consent).

Staff should be aware of indicators which may be suggestive that a child or young person is the subject of abuse, neglect, human trafficking or self-injurious behaviour and take appropriate action. This also includes concerns about the parents/guardian's behaviour or presentation. (See 6.0 what to do if you have child protection concerns about a child in your care)

If the child/young person is unaccompanied on admission, nursing/midwifery staff should consider the need to inform the parent/carer and hospital social services/Gateway if appropriate (see section 7.0 Consent).

- 5.3** All children and young people admitted will have a named consultant in charge of their care. The child/young person will be medically reviewed twice a day (morning and evening). In the event of an unplanned admission, the consultant will be informed as soon as possible that a child /young person has been admitted under their care and they will be kept informed of the patient's condition for the duration of their stay. Parents/carers will have access to this consultant. Any changes to clinical accountability/named consultant should be recorded in the notes and the child/ young person and their parents advised accordingly.

- 5.4** All children and young people admitted will have an identified nurse/midwife to act as an advocate for them on each shift, during their stay. Where possible this nurse should be a Registered Children's nurse or have previous experience working with children. This nurse should, insofar as possible, be in attendance during interactions between a doctor and the child/young person.

Each child/young person will have an individualised nursing/midwifery assessment and care plan which will be fully discussed with the child/young person/parent/carer (with their consent if required). Clinical staff (Medical, Nursing and Allied Health Professionals) should respect parental knowledge and expertise in relation to their child's needs and

incorporate the same into their care plans. Notes should record discussions between clinical staff and parents relating to patient care.

- 5.5** Staff will use the adult documentation including the nursing/midwifery assessment and plan of care document, medicine prescription kardex and risk assessments to document care, except where the child/young person's height/ weight/ anatomy would indicate that it is more appropriate to use the paediatric version.

The appropriate Paediatric Early Warning Scores chart should be used for children/young people.

The paediatric fluid prescription and balance chart **must be** used for children up to their 16th birthday. The only exceptions are

- Diabetic ketoacidosis (DKA) when specialised fluid prescription charts may be used.
- Acute burns when specialised fluid prescription charts may be used.
- Day case patients where the ward has a clear protocol for the management of these patients using operating and post-operative documentation. Any day case patient, who requires an inpatient stay, must be started on a fluid prescription and balance chart.

If in doubt, seek advice (see below), document the advice given and the name and grade of the professional giving advice in the child's nursing/medical notes, and clearly communicate the decision to the team caring for the child/ young person. The rationale for any change in treatment should be clearly recorded. Documentation must be available at the bedside when required by the multi-professional team.

- 5.6** Good monitoring systems should be in place to ensure all children under 18 years admitted to adult wards are identified, any issues highlighted and length of stay recorded. This should also be reported to Trust board on a quarterly basis. The trust will explore electronic solutions to the maintenance of a live record of the status of all children/young people receiving in-patient care outwith RBHSC.

All children/ young people (under 18 years) being cared for on adult wards in BHSC should be notified to relevant Patient Flow on duty and reported at the next scheduled Control room meeting, via RVH control room. Details should be supplied of child/ young person's HCN/ age/ ward and if any safeguarding or other concerns identified. Any actions taken to date should also be outlined. These details should then be supplied by Site Coordinator or deputy via email to all relevant service areas, including RBHSC patient flow and retained for monitoring purposes only. Care of the child/ young person on the adult ward remains the responsibility of the staff and relevant speciality, where he/ she is being cared for, including initiating Safeguarding processes as required and/or seeking paediatric advice through normal processes- **See Flowchart Appendix 1.** If there are any issues with Consultant to Consultant referrals in this regard, these should be escalated to the relevant CD for Child Health.

5.7 Patient flow/Senior Nurse for RBHSC are contactable 24/7 to provide nursing advice or to signpost to other appropriate staff. They can be contacted via switchboard in RBHSC or Patient flow mobile.

5.7.1 Medical advice can be sought from the paediatrician on call, the paediatric consultant of the week (both available through admissions in RBHSC) or the named doctor for child protection in the Belfast Trust.

5.8 The British National Formulary for Children is available as follows: www.bnfc.org and <http://belbnfweb01.belfasttrust.local:8080/bnf/>.

If additional advice is required on any aspect of paediatric medicines administration the following should be contacted:

- The nominated clinical/ward-based pharmacist
- Northern Ireland Regional Medicines and Poisons Information Centre, the Royal Hospitals. Enquiry answering service is available Monday-Friday, between 9.00am and 5.00pm 90632032 or 9063 3847 by fax 9024 8030 or by e-mail nirdic.nirdic@belfasttrust.hscni.net.

Out-of-hours, the on-call pharmacist can be contacted for advice.

5.9 Staff must complete and update training in the recognition of the deteriorating child and be aware of how to escalate concerns in the case of a deteriorating child/young person. This is for nursing staff and needs to be booked via the Clinical Education Centre. It is Face to Face learning and simulation- <https://cec.hscni.net/programmes-> "Deteriorating Child: Assessment, Intervention and Management"

Staff must familiarise themselves with the content of the resuscitation trolley and emergency drug box in their area. All adult resuscitation trollies have a variety of different sizes of equipment. Advice can be sought from the Resuscitation Services Team, Elliott Dynes, RVH contact 02890633312 resuscitation.services@belfasttrust.hscni.net

5.10 Staff must adhere to the Intimate Care guidelines (Revised Regional Core Policies & Procedures 2017).

5.11 Written information on how to raise concerns about care or submit a complaint should be given to children/young people and carers. This must be documented in the child/young person's notes and staff must adhere to relevant Trust policies (see policy links).

In the event of an untoward, adverse or serious adverse incident occurring in relation to a child/young person and staff must adhere to relevant Trust policies (see policy links).

5.12 When a child /young person wants a parent or carer to stay overnight, all efforts should be made to accommodate sleeping arrangements near to the child / young person.

Discussion should be undertaken with parents/guardians regarding appropriate television viewing, social media, electronic devices and mobile phone usage and curfews.

5.13 If the young person is still in full/ part time education, the school or college should be notified by the parent. Children/ young people should be encouraged to continue their education in hospital except where their medical condition dictates otherwise. The hospital

school co-ordinator should be consulted if the child/young person is anticipated to have prolonged admission. The hospital school co-ordinator can be contacted via the children's hospital. If it is required they should have access to play therapy.

- 5.14** Age appropriate care of children/young people may include assessment of sexual/reproductive and gynaecological health needs.

Social services will meet and complete a needs assessment for all children/young people who require access to maternity/sexual health/ gynaecological services during their admission. Further information is available from "Seeking Consent: Working with Children" (DHSSPS 2003). "Reference Guide to Consent for Examination, Treatment or Care" (DHSSPS 2003). Gillick Competency and Fraser guidelines- NSPCC and SBNI policies and procedures reference these. (The Fraser Guidelines specifically relate to contraception and sexual health and are pertinent to giving contraceptive advice and treatment to those under 16 without parental consent. The guidelines also apply to decisions about treatment for STI's and termination of pregnancy).

6.0 Visiting Arrangements

- 6.1** All of the points referenced in the Trust's Visitor Policy equally apply to children/young people. Information will be provided to the children/young people and their parents/carers in relation to visiting times and other services. Where possible open visiting arrangements should be made for close family members. The family should be encouraged to remain with the child/young person during their admission if appropriate.
- 6.2** When siblings or other children are visiting consideration must be given to location of the visit in relation to physical safety, comfort, privacy and dignity, access to toilet and general child-friendliness. Only in the most exceptional circumstances should visits be prevented due to environmental factors.
- 6.3** There should be a visible, vigilant staff presence evident at visiting times, to reduce potential risk to and vulnerability of the child/young person.

7.0 Consent

- 7.1** Regardless of age, if required, emergency treatment to save life or prevent deterioration can go ahead without consent.
- 7.2** The rights of each child/young person must be respected. These include the right to dignity, privacy, confidentiality and appropriate information, including where possible, involvement in giving consent.
- 7.3** Only a person who legally has parental responsibility may provide consent to a child's treatment. (Please refer to Section 8.0).
N.B- Exceptionality- where the Trust has an Interim or Full Care Order in place, social services will have responsibility for provision of consent.)
- 7.4** By virtue of section 4 of the Age of Majority Act (Northern Ireland) 1969, people aged 16 or 17 are entitled to consent to their own medical treatment, and any ancillary procedures

involved in that treatment, such as an anaesthetic. As for adults, consent will be valid only if it is given voluntarily by an appropriately informed individual capable of consenting to the particular intervention. However, unlike adults, the refusal of a competent person aged 16-17 may in certain circumstances be over-ridden by either a person with parental responsibility or a court.

- 7.5** Section 4 of the Age of Majority Act (Northern Ireland) 1969 applies only to the young person's own treatment. It does not apply to an intervention which is not potentially of direct health benefit to the young person, such as blood donation or non-therapeutic research on the causes of a disorder. However, a young person may be able to consent to such an intervention under the standard of Gillick competence, considered below.
- 7.6** Following the case of Gillick, the courts have held that children who have sufficient understanding and intelligence to enable them to understand fully what is involved in a proposed intervention will also have the capacity to consent to that intervention. This is sometimes described as being "Gillick competent" and may apply to consent to treatment, research or tissue donation.
As the understanding required for different interventions will vary considerably, a child under 16 may therefore have the capacity to consent to some interventions but not to others. As with adults, assumptions that a child with a learning disability may not be able to understand the issues should never be made automatically.
- 7.7** Where a competent child does ask you to keep his/her confidence, you must do so, unless you can justify disclosure on the grounds that you have reasonable cause to suspect that the child, or other children are suffering, or are likely to suffer, significant harm. You should however seek to encourage competent children to involve their family, unless you believe that it is not in their best interests to do so. Staff may wish to consult with hospital social work/Gateway/RESWS for advice and guidance.
- 7.8** Further information is available from "Seeking Consent: Working with Children" (DHSSPS 2003). "Reference Guide to Consent for Examination, Treatment or Care" (DHSSPS 2003). Gillick Competency and Fraser guidelines- NSPCC and SBNI policies and procedures reference these. Consent in Adults, Adolescents and Children in Emergency Departments (Royal College of Emergency medicine (2018).

8.0 Parental Responsibility

- 8.1** Only a person who legally has parental responsibility may agree to a child's treatment on their behalf other than clinicians acting in their best interests, or the Trust as a Corporate Parent. Not all parents will legally have parental responsibility.
- 8.2** The following applies to children whose birth is registered in Northern Ireland as to who has parental responsibility:
- A mother is automatically granted parental responsibility for her child.
 - A father is automatically granted parental responsibility if he is married to the mother at the time of a child's birth or they subsequently marry.
 - For children born after 15th April 2002, an unmarried father has parental responsibility if he is named on the child's birth certificate.
 - Prior to this date an unmarried father may obtain parental responsibility through a formal parental responsibility agreement with the mother, or through the courts.

- Other people can acquire it through a Parental Responsibility Order, Residence Order, Adoption and a Care Order.

9.0 Staff Training

- 9.1 All staff involved in the care of children/young people must have access to relevant training to enhance knowledge and enabling them to meet the needs of this age group. This includes mandatory Safeguarding Children Training Level 1- 3, Identification of the deteriorating Child and management of paediatric intravenous fluids – including prescribing and/ or administration - depending on roles and responsibilities. This is available to book via the Clinical Education centre- [https://cec.hscni.net/programmes/-Intravenous-Administration-of-Medicines-\(Children\)](https://cec.hscni.net/programmes/-Intravenous-Administration-of-Medicines-(Children))

There is also a useful, free online resource approved by Royal College of Paediatrics and Child Health (RCPCH) and Department of Health – www.spottthethesickchild.com.

10 What to do if you have child protection concerns about a child in your care?

The following action must not delay an immediate referral to Social Services where a child is suffering or likely to suffer significant harm- see Appendix 3

- 10.1 Discuss concerns with the parent/carer/child where appropriate, except where doing this would place the child at risk of significant harm, or compromise a possible police investigation. Parental consent to a referral to social services in relation to a child protection concern is not a requirement but, where possible, consent to such a referral should be sought.
- 10.2 In relation to family support /"child in need" referrals- ward staff must seek the consent of the person who has parental responsibility for the child.
- 10.3 Seek medical attention if required.
- 10.4 Identify and discuss concern(s) with:
- Line manager.
 - Hospital social worker (in the case of admissions) or the Gateway Team (in the case of outpatient settings) or RESWS (after 5pm/weekends/public or bank holidays)
 - Named Safeguarding Children Nurse Specialist (SCNS) 9am-5pm Mon-Friday.
- 10.5 Document accurately all consultations with parents and or child and commence an "Understanding the Needs of Children in Northern Ireland" (UNOCINI) assessment if appropriate. Follow UNOCINI process (Appendix 2).
- 10.6 During normal working hours (9am to 5pm) ,where there is a child protection concern, ward staff should inform the hospital social worker and liaise with the a Safeguarding Children Nurse Specialist via written notification of any child protection concerns, using the form in appendix 2. This form may be e-mailed to the SCNS as per Trust e-mailing policy. Staff in centres that are outside the hospital setting can contact Gateway Services between the hours of 9-5 and the then the regional out of hours service outside of these times.

- 10.7** A UNOCINI should be submitted to Social Services Gateway Services regarding staff concerns.
- 10.8** Outside normal working hours (5pm to 9am) where there is a child protection concern ward staff should contact the Regional Emergency Social Work Service.
- 10.9** A nursing and medical care plan for the child should be jointly agreed between social services and ward staff to ensure the safety of the child.
- 10.10** These concerns and an appropriate management plan must be clearly documented in the patient's record. A copy of any completed UNOCINI form should be filed in the patient's record.

11 IMPLEMENTATION OF POLICY

11.1 Dissemination

Dissemination of this policy should be implemented to all BHSCT hospital staff, medical and hospital social work staff/field social workers via team meetings. Information pertaining to the policy will also be available via the Trust Hub Policies and Procedure page.

11.2 Resources

All staff involved in the care of children/young people must have access to relevant training to enhance knowledge and skills enabling them to meet the needs of this age group. This includes mandatory Child Protection training which is available via HRPTS and UNOCINI training.

11.3 Exceptions

Belfast Health and Social Care Trust (BHSCT) aims to provide a high quality service to all children and young people requiring admission to hospital. On occasion, children and young people may be admitted to an adult ward for care and treatment. This policy applies to staff working in adult wards and departments who admit children and young people. The exception to this is adult mental health and learning disability services who have existing procedures in place - 'Admission Protocol for Young People in the Care of and Adolescent Mental Health Services who are admitted to Acute Adult Mental Health'.

12.0 MONITORING

The policy will be reviewed after one year in the first instance.

13.0 EVIDENCE BASE / REFERENCES

1. British Medical Association (2010) Children and young people tool kit
2. British Medical Association (2001) Consent, rights and choices in health care for children and young people. London: BMJ Publishing Group
3. Children Order 1995 (Northern Ireland)
www.legislation.gov.uk/nisi/1995/755/contents/made
4. Department of Health. Co-operating to Safeguarding Children. 2017: www.health-ni.gov.uk/publication/co-operating-safeguard-children-and-young-people-northern-ireland
5. Department of Health. Safeguarding Board for Northern Ireland Procedures Manual. 2018: www.proceduresonline.com/sbni
6. Department of Health. Standards for Child Protection Services. 2008: www.health-ni.gov.uk/publication/standards-child-protection-services
7. Consent in Adults, Adolescents and Children in Emergency Departments Royal College of Emergency Medicine Best Practice Guideline (2018).
8. Gain Guidelines on Caring For People with a Learning Disability in General Hospital Settings June 2010 Ch 12: Improving the Experience of Children with a Learning Disability
9. Gilmore, S. and Herring, J. (2011) 'No' is the hardest word: consent and children's autonomy. Child and Family Law Quarterly, 23(1): 3-25
10. Human Rights Act (1998) available at www.hmso.gov.uk
11. Intimate Care – Examination - Chaperoning Policy Ref SG 13/08 (under review)
12. O'Hara, J. (2018) The Inquiry in Hyponatraemia related deaths
13. NSPCC Consent process <https://learning.nspcc.org.uk/research-resources/briefings/research-with-children-ethics-safety-avoiding-harm/>
14. Protection of Children & Vulnerable Adults (NI) Order (2003): www.legislation.gov.uk/nisi/2003/417
15. Record Keeping – Guidance for Nurses and Midwives (NMC 2009) Reference Guide to consent for examination or treatment (DOH 2009)
16. Regional Nursing Assessment & Plan of Care document.
17. Safeguarding Board Act (Northern Ireland) 2011: www.legislation.gov.uk/nisi/2011/7/contents
18. Safeguarding Children and Young People - every nurse's responsibility (RCN Guidance for Nursing Staff 2014)
19. Seeking Consent: Working with Children (DHSSPS 2003)
20. Standards of Conduct, Performance and Ethics for Nurses and Midwives (NMC 2008)
21. UNOCINI Guidance, Understanding the Needs of Children in Northern Ireland
22. United Nations Convention on the Rights of the Child (1989)
23. Visitors Policy Ref TP 10/08 (BHSCT 2008)

14.0 CONSULTATION PROCESS

- AHP team
- Collective Leadership teams across all divisions (Including Chairs of Division for Children's services and Divisional Nurses & Divisional Midwife)
- Consultant Paediatrician (Clinical Lead)
- Consultant Paediatrician Safeguarding Lead
- Consultant Anaesthetist (Lead for deteriorating patient)

- Deputy Medical Director
- Deputy Director of Nursing
- Named Nurse for Safeguarding Children
- Nursing Development Lead
- Pharmacy team
- Resuscitation Services Team
- Safeguarding Children Nurse Specialists
- Safeguarding Children Committee members
- Senior Nurse Management Team
- Social Worker team Safeguarding Specialists

15.0 APPENDICES / ATTACHMENTS

- Appendix 1 – Referral Form.
- Appendix 2 - Safeguarding Children Nurses Specialists.
- Appendix 3 - Flowchart for Making Referral to Family & Child Care Social Services.

16.0 EQUALITY STATEMENT

The Trust has legal responsibilities in terms of equality (Section 75 of the Northern Ireland Act 1998), disability discrimination and human rights to undertake a screening exercise to ascertain if this policy/proposal has potential impact and if it should be subject to a full impact assessment. This process is the responsibility of the policy or service lead - the template and guidance are available on the Belfast Trust Intranet. Colleagues in Equality and Planning can provide assistance or support.

The outcome of the Equality screening for this policy is:

Major impact ☐

Minor impact ☐

No impact ☐

17.0 DATA PROTECTION IMPACT ASSESSMENT

New activities that involve collecting and using personal data can result in privacy risks. In line with requirements of the General Data Protection Regulation (GDPR) and the Data Protection Act 2018 the Trust has to consider the impacts on the privacy of individuals and ways to mitigate against the risks. Where relevant an initial screening exercise should be carried out to ascertain if this policy should be subject to a full impact assessment (see Appendix 7). The guidance for conducting a Data Protection Impact Assessments (DPIA) can be found via this [link](#).

The outcome of the DPIA screening for this policy is:

Not necessary – no personal data involved ☐

A full data protection impact assessment is required ☐

A full data protection impact assessment is not required ☐

If a full impact assessment is required the author (Project Manager or lead person) should go ahead and begin the process. Colleagues in the Information Governance Team will provide assistance where necessary.

18.0 RURAL IMPACT ASSESSMENTS

From June 2018 the Trust has a legal responsibility to have due regard to rural needs when developing, adopting, implementing or revising policies, strategies and plans, and when designing and delivering public services.

It is your responsibility as policy or service lead to consider the impact of your proposal on people in rural areas – you will need to refer to the shortened rural needs assessment template and summary guidance on the Belfast Trust Intranet. Each Directorate/Division has a Rural Needs Champion who can provide support/assistance in this regard if necessary.

19.0 REASONABLE ADJUSTMENTS ASSESSMENT

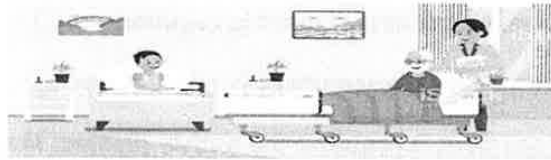
Under the Disability Discrimination Act 1995 (as amended), the Trust has a duty to make reasonable adjustments to ensure any barriers disabled people face in gaining and remaining in employment and in accessing and using goods and services are removed or reduced. It is therefore recommended the policy explicitly references "reasonable adjustments will be considered for people who are disabled - whether as service users, visitors or employees.

SIGNATORIES

(Policy – Guidance should be signed off by the author of the policy and the identified responsible Director).

Authors	Date:
Director	Date:

Appendix 1- Flowchart for Safeguarding of child/ young person cared for in an Adult Setting



CHILD/ YOUNG PERSON – UNDER 18 ADMITTED TO ADULT WARD



PATIENT FLOW NOTIFIED –

Name; Age; Ward; Any Concerns?

Contact with Paediatric Services Required - YES/NO?

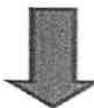
Contact with Safeguarding Team Required - YES/NO?



If YES to either Question – Adult ward/ department should initiate contact as per policy.



If YES OR NO Notify main RVH control room at next Call time – with child/ young person's details- HCN/ Age/ ward, any concerns & actions taken to date to address.



Details added By Site Coordinator/ deputy to Child/ Young person in Adult Setting email, which goes to relevant service areas and RBHSC Patient Flow tracking purposes.

Appendix 2

Unocini

Understanding the Needs of Children in Northern Ireland
A1 REFERRAL V2_1

Section 1: Child or Young Person's Details		
Surname:		ID No.
Forename:		
Known As:		HCN:
Address:		Previous Address:
Postcode:		Previous Postcode:
Telephone No:		Locality:
Mobile No:		Gender
Date of Birth:		GP Name:
GP Address:		GP Tel No:
GP Postcode:		GP Email Address:
School Name:		School Tel No:
School Address:		School Postcode:
Does the Child have a Disability?	If Yes, What Disability: (& source of diagnosis)	Other Special Needs:
Yes <input type="checkbox"/> No <input type="checkbox"/>		
Nationality:		Ethnic Origin:
Religion:		Country of Origin:
Language Spoken:		Communication Support: Yes <input type="checkbox"/> No <input type="checkbox"/>
Interpreter <input type="checkbox"/>	Signer <input type="checkbox"/>	Document Translator <input type="checkbox"/>

Section 2a: Referrer's Details	
Name of Referrer:	Designation:

Address:	Date of Referral: Click here to enter a date.
Postcode:	Contact Details:
Section 2b: Reason for Referral	
Section 2c: Immediate Actions	
Are Immediate /Actions necessary to safeguard the child(ren) or young person(s)? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Section 3a: Primary Carers & Other Household Members (Incl. non-family members)				
	Member 1	Member 2	Member 3	Member 4
Last Name:				
Alternative Last Name:				
First Name:				
Telephone No:				
Mobile No:				
Date of Birth:				
Relationship to Child/ YP:				
Language Spoken:				
Nationality:				
Communication Support:	<input type="checkbox"/> Interpreter <input type="checkbox"/> Signer <input type="checkbox"/> Doc. Trans	<input type="checkbox"/> Interpreter <input type="checkbox"/> Signer <input type="checkbox"/> Doc. Trans	<input type="checkbox"/> Interpreter <input type="checkbox"/> Signer <input type="checkbox"/> Doc. Trans	<input type="checkbox"/> Interpreter <input type="checkbox"/> Signer <input type="checkbox"/> Doc. Trans

	Details	Details	Details	Details
Section 3b: Significant Others (Incl. family members who are not members of the child(ren) or young person(s) household)				
	Other 1	Other 2	Other 3	Other 4
Last Name:				
Alternative Last Name:				
First Name:				
Address:				
Postcode:				
Mobile No:				
Date of Birth:				
Relationship to Child/ YP:				
Language Spoken:				
Nationality:				
Communication Support:	<input type="checkbox"/> Interpreter <input type="checkbox"/> Signer <input type="checkbox"/> Doc. Trans Details	<input type="checkbox"/> Interpreter <input type="checkbox"/> Signer <input type="checkbox"/> Doc. Trans Details	<input type="checkbox"/> Interpreter <input type="checkbox"/> Signer <input type="checkbox"/> Doc. Trans Details	<input type="checkbox"/> Interpreter <input type="checkbox"/> Signer <input type="checkbox"/> Doc. Trans Details

Section 4a: Summary of Referrer's Previous Involvement
Section 4b: Referral Consent
Child(ren) / Young Person(s)

Is the Child(ren) / Young Person(s) subject to this referral aware the referral is being made?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the Child(ren) / Young Person(s) consent to the Referral?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If NO, please explain	
Parent/ Carer	
Is the Parents/ Carers aware that Referral has been made?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do they consent to the Referral?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If NO, please explain	
Section 5: Additional Information: Agencies Currently Working with Child or Young Person	
Agency and Contact Details	
Name:	
Role:	
Tel No:	
Email:	
Name:	
Role:	
Tel No:	
Email:	
Name:	
Role:	
Tel No:	
Email:	
Name:	
Role:	
Tel No:	
Email:	

Appendix 3- Safeguarding Children Nurses Specialists

If you require advice/ support from Safeguarding team – please contact main phone number below and the relevant Safeguarding nurse/ team will be informed.

Monday 9am – 5pm contact the **Safeguarding Children Nursing Team Office – 028 90265870**
 Appendix 4- **Flowchart for Making Referral to Family & Child Care Social Services**

The following action must not delay an immediate referral to Social Services where a child is suffering or likely to suffer significant harm

